THE INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

VOLUME XXV 1944 PARTS 1 & 2

*** *The* JOURNAL *will for the time being be issued in two double numbers yearly.*

ORIGINAL PAPERS

LANGUAGE, BEHAVIOUR AND DYNAMIC PSYCHIATRY [1]

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INTRODUCTION

Man has always been inordinately proud of his ability to communicate by words and signs, and has often liked to think that this differentiated him from the rest of all creation. Philosophers, who designate themselves man's professional apologists and protagonists, have therefore been traditionally pre-occupied with extensive ruminations—as various as they have been voluminous—about the significance of language as an exclusively human function. On the other hand, observant biologists, from hunters and herders to professors of comparative zoology, have inevitably noted many types of intra- and inter-species communication among animals of nearly every order, and have consequently not been so certain as to man's monopoly of the essentials of language.

Also less given to semantic abstractions and dialectics have been man's physicians, who have enjoyed a more direct opportunity to observe the psycho-biologic correlates of 'language in action' (1) in their friends and patients, and who have necessarily employed action in language as an indispensable tool of their profession. Nevertheless, even psychiatrists and psycho-analysts, like other artisans with a practical and often urgent job in hand, have been prone to be less interested in the dynamics of their too familiar communicative tools than in the ever new clinical problems to which they must be applied. As a result, only recently have dynamic psychiatrists begun to pool their special knowledge and research-skills with biologists, anthropologists and linguists in a comprehensive study of language—a study necessitated by the intimate participation of communication in all forms of 'normal' and 'abnormal' behaviour. It may therefore be important to re-examine some of the former concepts of semeiology and semantics in the light of the newer knowledge of behaviour dynamics, and perhaps in this manner approach an integration of linguistics with certain fundamental principles of psycho-biology.

LANGUAGE ANALYSIS

Let us begin with a critical review of the 'elements' of communication, as traditionally classified under the following terms :

(1) *Signals.*—Signals were generally defined as sensory stimuli which actuate relatively simple ('reflex') responses in a sensitized organism. Under the influences of association-psychology, signals were until recently differentiated into 'unconditioned' as opposed to 'conditioned' or 'learned'. For example, it was stated that the 'unconditioned' sight or smell of food 'caused' salivation in an untrained dog, whereas an animal accustomed to receiving the food after the clang of a bell would eventually also salivate at this sound as a 'conditioned' signal (2). Peculiarly neglected in these early generalizations were the intrinsic factors of motivation and meaning; in fact, such considerations were deemed unnecessary in an 'objective' system of mechanistic reflexology (3). Nevertheless, it was soon noted that a satiated, ailing or frightened animal showed marked aversion rather than anticipatory salivation at the sight, smell, or preliminary signal of food, and that the same bell sounded under other circumstances produced quite different effects, such as barking and struggling when the animal was closely confined or otherwise prevented from reaching its goal (4). Even from a purely experimental standpoint, therefore, signals had to be assigned the more dynamic and contingent values to be discussed later in this presentation.

(2) *Signs.*—Signs were usually distinguished from signals in that their learning process was considered to be more complex and involved, so that their semeiotic significance was not as simply or as directly related to the patterns of behaviour evoked (5). For example, the 'sign' *Fire! Exit Quickly!* suddenly flashed on the screen of a motion picture theatre would actuate in most of the audience almost the same behavioural responses that would be induced by the sight of flame or the smell of smoke; yet the printed letters *Fire* need never have been experienced in direct association with the latter. Nevertheless, the relativity of such distinctions will also be considered in a later connection.

(3) *Symbols.*—These were customarily distinguished from signs as being yet more generalized and abstract in nature, and thereby even more remote from the basic experiences to which they refer. Perhaps the best illustrations of the genesis

[1] From the Division of Psychiatry, Department of Medicine, and the Otho S. A. Sprague Memorial Institute, University of Chicago. Read before the Chicago Psychoanalytic Society, March 24, 1944.

of symbols come not from their formal philologic derivation, but from the exploration and correlation of their meaning with the behaviour patterns of patients under formal psycho-analysis. As a clinical example in my own experience, a patient of mine had a generalized fear of sky-scrapers, mountains, aeroplanes and all high places ; because of the nature of his business, this fear was expressed most frequently in a specific avoidance of elevators. The patient consciously dated his severe acrophobia to a vivid experience during adolescence in which he came close to being seriously injured in an elevator accident. Despite the seeming rationality of this explanation, further analysis revealed that the patient's symbolic phobias reached much deeper motivational levels and were based on these devious but specific associations : elevator ; elevation to heights ; attainment of prominence and success ; early competitiveness and rivalry with father ; fear of retribution from a powerful authority ; and, finally, phobic reactions in adult life to any object or concept that might symbolize, however indirectly, a situation that the patient had considered extremely dangerous as a child. Or to take another clinical example : a schizophrenic girl who invariably fought as though in panic if any attempt were made to remove a piece of dirty white cloth she habitually wore in her hair, explained one day, while under amytal hypnosis, that this cloth represented a nun's cap and thereby symbolized ' renunciation of mortal sin ' and a life of retreat and de-personalized atonement.

If it be thought that these analyses of neurotic or psychotic symbolizations are too artificial or pathologic to be of general semantic significance, it need but be remembered that ' normal ' individuals react with even more complex behaviour patterns to more abstruse symbols every waking (or dreaming) moment. Thus, the sign of the quarter-moon evokes as rich an assembly of religious, ethical and personal reactions in the devout Mohammedan as does the adoration of the crucifix in the reverent Catholic or the sight of the Torah in the orthodox Jew. In each case, of course, the mere sensory stimulations of crescent, cross or scroll would have little intrinsic significance were it not for their resonance with the personal experiences, current motivations and wishful aspirations of each member of the respective religious groups. Symbols, then, however complex and remote, are in essence abstractions and generalizations of experience, and as such remain exquisitely personal even when similar experiences and similar symbolizations are shared in a common culture. (See below, p. 7.)

(4) *Words as Symbols.*—As has just been seen, any configuration and permutation of sensory ' stimuli ' may constitute a symbol : e.g., a ' cross ' of any material, the picture of a cross, the gestural ' sign of the cross ', the feel of the cross to a blinded person, and the word *cross*, all give rise to almost equivalent conceptual resonances. Words, then, like all other symbols, also have ' meanings ' only with reference to their specific connotations for each individual, and even these meanings may vary widely not only with the context of the paragraph or oration, but also with the current circumstances and emotional state of the writer, speaker, reader or hearer. Nevertheless, however variable their denotations, words, being economical of effort and easily transportable in space and time, have become the most widely used (as well as the most widely misunderstood) forms of communication.[2] But to function as such, words must be combined and formed into language, the structure of which may now be briefly considered.

(5) *Language as Communication.*—In order to give expression to the essentially dynamic and operational processes of thought—a dynamism inherent in even the most leisurely of descriptive passages—language requires various types of ' substantive ' and ' operational ' symbols. A minimal list of these could easily be assembled *a priori* as follows :

(*a*) words that metaphorically point, such as the article ' the ',
(*b*) those that ' denote ' objects, such as ' man ' or ' fortune ',
(*c*) those that modify these objects, e.g. : ' indolent ' or ' large ',
(*d*) those that express relationships : ' his ' or ' inherited ',
(*e*) those that connote translation in time or space : ' run ' or ' through ',
(*f*) those that modify such movements : ' quickly ' or ' thoroughly ',
(*g* . . .) those that ' belong ' to various other classes which can be abstracted from the richness of human thought in numbers apparently limited only by the taxonomic ardour of the categorist.

In the actual expression of an ' idea ' the verbal examples cited might then be operationally juxtaposed thus : ' The indolent man ran through his large fortune quickly and thoroughly.'

As may be seen, however, even in this simple sentence we already have a further complexity of formulation recognizable as a ' figure of speech ' ; obviously, a man can be said to ' run ' (in the sense

[2] Parenthetically, it may be noted that the rapid evolution of human thought in the last three centuries has far outdistanced the development of verbal symbol-systems with which to express it, with the result that old words have been confusingly used for new and more complex meanings, or else verbal language has been abandoned as too limited a medium in favour of a symbolic logic capable of expressing subtler and more transcendant relationships (6). Much effort is now being expended by philosophers, logicians and semeiologists towards the laudable goal of creating a more adequate and meaningful 'language of science', and so making possible among scientists ' precise ' communication and ' concerted ' thinking and research (7). Unfortunately, we must consider the disturbing contention that, until all scientists are born identical twins and subjected to exactly the same experiences, this goal can be only asymptotically approached.

of rapid ambulation) 'through' (in the sense of pierce) 'a fortune' (an abstract monetary concept) only if these words be given a very great latitude of signification. And it is precisely within such spreads of symbolic meaning that deviations of the indissoluble triplex of motivation-symbolization-behaviour can arise and be translated into conduct sufficiently 'abnormal' to require psychiatric attention.[3] For instance, the man referred to in our example might spend a small inheritance foolishly on the basis of a wishful phantasy that it was an inexhaustible 'fortune'; moreover, should he continue to be unrealistically extravagant, his spree could well terminate in a mental hospital. Or, conversely, if the man's wife were the author of our sentence, and she meant by it that her husband was 'squandering' actually inconsiderable sums to her inconsolable grief and agitation, then she herself might be committed to an institution as a ruminative melancholiac. In fact, some literal-minded psycho-logicians would consider that the abnormal behaviour in both instances arose from a relatively simple source: a misinterpretation on the part of either the man or his wife of the 'true referent' of the word 'fortune'—a mistake to be directly corrected by rational explanations of the 'reality', 'extensibility' and 'time-bindedness' of the *particular* 'fortune' under consideration.[4] Unfortunately, as every psychiatrist soon learns, such an exercise in logical 'semantics' (8) would be as useless as pointing out to the acrophobic patient previously cited that his fear of elevators is unnecessary 'because elevators are really not dangerous'. Similarly, in the case of the irresponsible man or his melancholic wife, the futility of a purely intellectualistic and verbal approach would arise from the circumstance that their linguistic 'fallacies' are not the cause, but simply the symbolic expression, of much deeper unconscious conflicts. Thus, the man may be recklessly squandering a legacy (of whatever size) in self-punitive expiation of guilt towards his dead father, or the melancholic woman may be so insecure and pre-emptive in her attitudes toward her husband that the slightest expenditures on his part engender feelings of personal loss of neurotic or psychotic intensity. The advantage each takes of the opposite extremes of meaning of the term 'fortune' is therefore no simple 'misuse' of language, but rather a coherent part of a total behaviour-pattern rooted in previously established attitudes and derived experiential syllogisms. In this sense, it may well be contended that to the man the word 'fortune' *means* 'something I must get rid of', whereas to the woman it represents 'the possessions of my husband, all of which must be used for my exclusive benefit'. Once again, to quote Lewis Carroll:

'"When *I* use a word" . . . Humpty Dumpty said, in rather a scornful tone, "it means just what I choose it to mean—neither more nor less."'[5]

It is such analytic insight into the personalized significance of all symbols, verbal or otherwise, that necessitates a more comprehensive review of the terms and distinctions hitherto employed in the study of language in order to establish their dynamic relationships to normal and abnormal behaviour.

Language and Behavioural Adaptations

Perhaps the first question that arises in this connection is whether the distinctions between signal, sign, symbol and communicative usage are differences in kind or merely in the complexity of denotation and connotation. Certainly, the factor of motivational reference is present in each case; thus, as was seen in our simple Pavlovian example, the dog will salivate neither at the sight of food nor in response to a conditional signal, should he happen not to be hungry. To the dog, then, the signal does not really 'mean' food *qua* food, but represents an experientially appreciated opportunity to satisfy a physiologic need; when the need is not present, the signals induce little behaviouristic response.

Nor should too much stress be laid on the differences between a unimodal bell or light 'signal' and the use of a spoken or even written 'sign'. Every dog or cat owner knows that his pet will 'understand' and respond to any gesture, call or combination of words customarily used as a signal for feeding, and most experimental animals from chicks up can readily be trained to react similarly to signs printed in configurations of 'words' as well as to those discriminated by colour or shape. Thus, Cole (10, 11) easily taught raccoons to climb their cage for food at the differential presentation of a card printed with an appropriate invitation; moreover, if the animals, after responding to the proper sign, did not receive the anticipated reward, they tore up the card with a channelized fury comparable to a maiden's attack on the previously cherished letters of a faithless lover.

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[3] On the other hand, it is also within this penumbra of meanings and their intermodal equivalences and penetrations that the art and poetry of language lie. Artistry in any medium of discourse often clears away man-made obstructions and obfuscations to reveal the essential wholeness of being.

[4] It is, of course, undeniable that such purely rationalistic therapy is quite acceptable to many patients, since it pierces few of their defences and creates little anxiety. Effective results by this method in the minor neuroses, however, are in the main attributable to the prestige of the therapist or his 'system', the neurotic dependence of the patient, the intuitively therapeutic manipulation of the transference relationship and other influences not always consciously appreciated by either the patient or the therapist.

[5] '"The question is", said Alice, "whether you *can* make words mean so many different things." "The question is," said Humpty Dumpty, "which is to be master—that's all." Alice was too much puzzled to say anything.' (9)

Equivalence of Symbols.—The relativity of signals, signs and symbols in meaning function can also be demonstrated by showing that they may be substituted for each other or even altered radically, and yet evoke similar behavioural responses *if the motivational referents of the total situation are held relatively constant.* To illustrate this, Finch and Culler (12) trained dogs to flex their forelegs off an electric grid at the sound of a bell, and then were able to substitute various other conditional signals in succession (a light, a stream of water to the nose, and an air blast) by the simple device of shocking the dogs on the chest if they did not flex their forelegs in the desired way.

An even more significant experiment with human subjects was performed by Hudgins (13) on the basis of preliminary observations by Cason (14). Hudgins began by sounding a bell while he flashed a light into his subjects' eyes, and was able in this manner to establish involuntary contraction of the pupils in response to the bell sound alone. He next required his subjects to ring the bell at the command ' Contract ! ', and thus produced pupillary reactions in response to the muscular activity associated with this word. Next, in successive stages of stimulus-transfer from overt action to spontaneous ' idea ', the subjects themselves spoke, whispered, and then merely thought ' contract ', with the result that an astonishing effect finally appeared : not only could each subject cause his pupils to contract by thinking of a specific word—a form of sympathetic control ordinarily considered to be ' beyond the reach of the will '—but ten of fourteen subjects were quite unaware of the bodily expression of their thinking. Hudgins, then, had created in a group of people a highly individualized configuration of cognate and visceral reactions to the idea-symbol ' contract '—a response which could be traced through their special experiences to an apparently remote but actually basic physiologic source : in this instance, simply the protection of the retina from excessive light. The significance of such experiments for psycho-somatic and linguistic research hardly needs further elaboration.

Change in Behaviour Responses.—On the other hand, an adequate change in the motivational referents of a configuration of stimuli can produce a complete reversal of the animal's responses in the new psycho-biologic field of motivation-symbol-behaviour. In this sense, it is again apparent that any ' stimulus ', ' sign ' or ' symbol ' has meaning only as a part of a continuous series of total perceptions each of which has been modified by all preceding experiences and adaptations in the life of the organisms. For instance, a cat or dog can readily be trained to open a food-box in response to a bell or light stimulus ; such an animal will, of course, show no aversions to the signals at any time, and will avidly welcome them when hungry. If, however, the animal is shocked or frightened unexpectedly a few times at the moment of ' conditioned ' food-taking, it will thereafter react to the food signals with severe manifestations of anxiety, and may show a phobic generalization of these responses to other elements of the conflictful situation : the cage, the experimenter and even the food itself (15). As was shown elsewhere (16), if the motivational conflict is made sufficiently strong and persistent the animal will also develop peculiar ritualistic compulsions, loss of dominance in groups (17), food-inhibitions to the point of cachexia, and other somatic and motor disturbances comparable to the corresponding ' symptoms ' of severe human neuroses. ' Meaning ' under such circumstances can likewise be extended to olfactory and gustatory cues : for example, a neurotic animal which experiences transient but repeated mitigations of its neurotic symptoms when given alcohol will thereafter choose food or fluids smelling and tasting of this drug, and so become an alcohol ' addict ' until its neurosis is permanently relieved by other means. Moreover, a ' verbal ' response-pattern may easily be added to such experiments : i.e. during the control period the cat can be trained to react to the word ' food ' with manifestations of anticipatory relish and ' normal ' food-seeking behaviour, whereas, after the motivational conflict, the ' same ' animal will react to the ' same ' verbal signal with crouching, hiding, or even an aggressive attack on the experimenter who had tactlessly uttered it.[6] Here, then, we have a cat ' taking umbrage ' at a word to which it had become emotionally hypersensitized. All in all, were the shibboleth of ' anthropomorphism ' to be used in an attempt to cloud the comparative significance of these and other experimental observations (18), it would obviously reflect more on the philosophic prejudices of the critic than on the heuristic validity of the data.

Space does not permit the citation of further experimental evidence, but the same principle applicable to human behaviour once more emerges. In effect, symbols are significant to the individual only in essentially solipsistic terms, and their meaning and effects are therefore contingent on the expansion and cumulative modification of his own life experiences.

Significance of Linguistics in Psycho-Analysis

The Language of the Patient.—The applications of the basic semantic principle just stated are manifold, but are perhaps especially relevant to the theory and practice of psycho-analysis. From an operational standpoint, psycho-analysis is a

[6] Compare the phobic reactions of an aeroplane pilot who, after severe and protracted motivational conflicts, develops a ' combat neurosis ' and thereafter shows anxiety and an exacerbation of somatic symptoms at any ' stimulus ' symbolic of flying or battle, however devoted to these pursuits he had previously been.

process in which, through the use of free association, ' dream interpretation ' and other techniques, the analysand's current behaviour, unconscious motivations and cognate symbolizations are retrospectively traced through earlier patterns of concept formation and evaluation to the basically formative experiences and reactions of childhood. So revealed, the dynamisms of the patient's behaviour, including his linguistics, are more amenable to consciously directed personal and social readjustments. This process may be epitomized with special reference to a patient's symbolic system by the citation of the following case.

An intelligent thirty-two-year-old woman, who had previously been treated in various medical clinics for a chronic illness vaguely diagnosed as an ' endocrine dyscrasia ' or ' anorexia nervosa ', was referred to me because of persistent vomiting and severe cachexia. The language in which the patient outlined her complaints was in itself of immediate significance : she stated that for the preceding five years all references to sex had become literally ' distasteful ' and ' disgusting ', and that her ' inability to stomach ' men caused her actually to vomit in their presence. So inclusive was this spread of cognitive and reactive symbolism that, even if she merely heard the telephone ring she became nauseated over the remote possibility that some man was calling her for a date ; moreover, reading or hearing the word ' date ' or even seeing the fruit of that name produced abdominal discomforts. Early in her analysis the patient, rather too readily, traced these striking psycho-somatic reactions to extreme guilt over perverse kissing and temptations to fellatio with a suitor chosen for her by her mother five years previously ; significantly, actual intercourse had not caused such great concern. These analytic materials were accompanied by little emotional discharge, but subsequently, with mounting anxiety, the patient began to recall similar experiences with her older brother during childhood and equated them with even earlier oral-erotic wishes directed towards her father. These were finally associated with a peculiarly harrowing but revealing infantile phantasy which she reconstructed as follows : after weaning, but before being ejected from the parental bed, she had, in substitution for her mother's breast, sought and swallowed her father's penis. This imaginary manœuvre had also served various ancillary purposes : it removed her father as a competitor, while at the same time the incorporation of his penis made her ' masculine ' like her favoured elder brother and so more likely to regain her mother's exclusive attentions. Unfortunately, however, if she were to avoid retribution by her castrated father and deprived mother, a self-compulsory pattern of ' undoing ' and expiation was called for : she must reject symbolically and vomit somatically all other ' oral ' satisfactions not given her freely by her mother. Such psycho-somatic phantasies—' bizarre ' only to those not analytically acquainted with the intense and literal emotional ambience of childhood —had, in fact, certain experiential referents in the patient's early life. One important circumstance was that the patient's mother, a domineering, highly emotional woman, had in reality rejected her infant daughter because of her own insecurities and jealousies in the family inter-relationships. In this situation the patient had at first made an abortive attempt to seek security in a weak father, but, when this failed, she regressed to a helpless maternal dependence coloured by anxiety-ridden renunciations of all emancipatory longings. Accordingly, she was particularly sensitive to oral and other erotic temptations mediated by her father, her brother, or later male surrogates, towards whom she continued to behave with anxiety, ambivalence and symbolic psycho-somatic rejections. Small wonder, then, that the patient had suffered persistent ' stomach trouble ' throughout childhood, that her gastro-intestinal dysfunctions had increased during menarche and again during an anxiety-ridden courtship, and that even at the time of her analysis she was still living in a child-like dependence on her mother and reacting to every opportunity for emancipation with an exacerbation of her specific psycho-somatic defences. From the standpoint of our present interests, moreover, it need hardly be added that all words, symbols and gestures referable to mother, food, marriage, sexuality or related concepts evoked exquisitely individual and unique connotations and affects which profoundly influenced not only the patient's use of language but nearly every other aspect of her behaviour.

No patient can ever be ' completely ' analysed (19), nor does one analysis ' prove ' a general linguistic theorem, but it may justifiably be stated that the type of symbol-derivation just illustrated is fundamental to a dynamic psychology of human behaviour. Evidence from psycho-analytic sources therefore again supports the thesis that symbols do not have a transcendant neo-Platonic existence *per se*, but are meaningful only in terms of individual experiences and interpretations—a view implicit and often explicit in the basic writings of Freud (20). However, even these symbol meanings are continually being both expressed in, and modified by, the individual's current motivations, attitudes and environmental adaptations—a corollary that cannot be neglected in evaluating the verbal communications of the patient in relation to his total behaviour. Space again permits only three brief references to the applications of this corollary to analytic methodology, interpretations and therapy.

Totality in Psycho-Analytic Method.—Freud was by many accounts a shy man, and apparently preferred having his patients look the other way

during their treatment. This may have predordained the standard couch-and-chair tandem in our analytic offices—an arrangement that has indeed relieved the tensions of many a patient (and analyst) and so contributed to the respective 'freedom' of analytic associations and interpretations. Nevertheless, most analysts these days have broken away from tradition sufficiently to take the patient off the resting position, when necessary, look him unabashedly in the eye, and obtain coherent and realistic data as to his everyday behaviour from him, or from his friends and family as occasion requires. Such heterodox departures are part of our growing acceptance of the fact that the patient's verbalizations, however unrestricted, are only a partial expression—and not always the best index—of his total behaviour patterns, and that often a coherent account of his current occupational, sexual, social and other adaptations furnishes cogent material for transference interpretations, for 'reality testing' and for the analytic process as a whole. However, once the patient, spiritually or actually, is back on the couch and 'free associating' again, some analysts relapse into somewhat myopic habits of treating the patient's word-sequences with so constricted a field of reference that a great deal of their total dynamic significance may be lost. This is particularly true of the traditional techniques of 'dream' analysis, some of which require specific mention in this connection.

'Dream' Analysis.—To point up the issue, let me venture the dialectic proposition that no dream *as such* has ever been analysed—or ever will be analysed—until we develop a technique of reproducing the dream sequence itself on a television screen while the patient is asleep. All we can do at present is to note carefully the patient's *verbal and other behaviour patterns* while he is talking 'about' his hypothetical 'dream' during some later analytic hour, remembering all the while that his hypnagogic imagery has inevitably been repressed and distorted in recollection, that it is described in words and symbols coloured by his experiences not only before but since the 'dream', and that in the very process of verbalization his 'descriptions' and 'associations' are further dependent on his unconscious motivations in telling the dream at all, his transference situation, his current 'ego defences', his physiologic status and the many other complex and interpenetrating factors of the fleeting moment. There is, then, no 'language of the dream', just as there is no 'language of the psychiatric history' or of 'the pentothal interview'; there is only the language of the patient under a fluctuating configuration of inter-related contingencies. If this makes analytic observation more complex, so also does it make our technique less rigid, our theory less doctrinaire, our insights more revealing and, above all, our therapy more realistic and effective.

The Language of Interpretation.—For reasons parallel to those just outlined, the analyst and psychiatrist must couch his interpretations in symbols, syllogisms and analogies carefully designed to resonate with the patient's deeper psycho-biologic motivations and adaptations, else no material change in the patient's behaviour *other than* his verbal patterns will result. All psychiatrists have had experience with neurotic patients who have eagerly adapted to their own uses some physician's careless statement that they had 'only nervous trouble' and have so indirectly been helped to regress into a life of dependency or invalidism on the plea that their 'nerves were all shot'—a rationalization now, according to them, supported by authoritative opinion. On quite the same plane, we now realize, was the patient who, in the exploratory days of psycho-analysis, was given 'interpretations' not clearly meaningful at the time even to the analyst, and who ever afterwards talked glibly and even smugly of his 'id', his 'super-ego' and his 'complexes', but who showed no other significant changes in insight, attitude or behaviour. We have since learned that if analytic catharsis and interpretation are to be truly effective they must reach beyond the verbal level to basic motivations, pressing conflicts and real-life re-adjustments, else the psycho-analytic process attains little vitality and remains—as was formerly alleged against it—merely an idle exercise in the superficies of phantasy.[7]

Therapeutic Techniques.—This statement is relevant to all psychotherapy, analytic as well as of the so-called 'brief' variety. As indicated, symbol-interpretations alone can lead only to grudging verbal acknowledgments by the patient that his infantile anxieties, inhibitions and other neurotic defences do not, after all, seem justified by current reality as described in the language of other adults. Such verbal comparisons, however, obviously constitute only a preliminary to the more active re-orientations of the patient, and must of necessity be condensed in the rapid clinical treatment of patients whose symbol-systems are not so deviant as to make communication too difficult. In these cases our task is to resolve the patient's motivational vicissitudes and conflicts as rapidly as possible and then, as his neurotic anxiety diminishes, induce him to undertake new experiences which may lead to more lastingly satisfactory personal and social adjustments. In fact, the essential core of psychotherapy may be stated aphoristically so: render the patient's neurotic defences—active as well as verbal—gradually less

[7] The nosologic aspects of language analysis have been more fully dealt with by Dr. Eva Balken and the author in a series of controlled clinical studies published several years ago. Briefly, it was shown that not only does a patient's imagery indicate the nature of his endopsychic conflicts and their phantasied solutions (21), but that the distinctive combinations of substantive, kinetic or descriptive symbols he uses in his verbal expressions have differential diagnostic significance (22).

necessary and satisfying to him, and at the same time make more 'normal' adaptative patterns increasingly desirable and available. Our main lever for initiating this double re-orientation is often the working-through of the transference relationship, but other available therapeutic resources, such as somatic therapy and familial, economic and other influences may be skillfully employed, and certainly need never be slighted simply to maintain a narrowly monistic approach. As clinical psychiatrists, we have all, when indicated, advised the withdrawal of family over-protection or the removal of secondary gains, and countered the discomfiting but kinetic effects of these procedures by other recommendations as to an improved home environment, suitable work and facilities for more satisfactory sexual, social and recreational outlets for our patients.[8] Moreover, we have learned to admit that such time-honoured measures constitute more than 'merely superficial' manipulations, since they may reach and effectively mitigate unconscious maladaptations even without the necessity of compulsively verbalized explorations of the underlying conflicts—although these, of course, must be recognized by the analytically trained psychiatrist. In such instances 'insight', too, on the part of the patient may be non-verbal, but expressed no less effectively in his stable re-adaptations to his new modes of living and his permanent rejection of the old.

Nor should we be remiss in utilizing this repertoire of non-verbal therapy in the intermediate and terminal stages even of a formal psycho-analysis. For instance, in her second analytic year my 'anorexia nervosa' patient broke through some of her maternal and displaced transference dependencies and acquired a fair working insight into her oral and other defences. Nevertheless, I am sure that her ultimate reality adjustments were both expedited and stabilized when, with the intelligent co-operation of her mother, family and a few friends, she moved away from home, secured self-supporting and satisfactory employment, and cultivated increasingly gratifying social, recreational, and finally heterosexual contacts. True, she would have found it difficult or impossible to take advantage of such manipulative adjuncts had she not worked through her anxieties, inhibitions and neurotic defences in the preceding analytic process, but the therapeutic principle remains: we cannot stop with verbal symbols alone; we must deal pragmatically with the totally adaptive behaviour of our patients in their everyday milieu.

Language as 'General' Communication.—But there remains to be considered a final semantic issue raised by this discussion, namely: if signs and symbols are significant only in a solipsistic and highly contingent sense, how can language be used for inter-personal discourse at all? How, for that matter, can this article be meaningfully understood by anyone but its author? It would, of course, be sophistry merely to submit that the question as stated is too symbol-minded, since it has seemed serious to many a semanticist and especially since its solution is quite consistent with psycho-biologic and linguistic theory. In brief, I submit that we develop a commonality of 'understanding' of each other's symbolic expressions only because—and in so far as—we have each experienced comparable (though never identical) motivations, frustrations and adaptations in a communal physical milieu and social atmosphere. To illustrate: the word for hunger 'means' the same in any language, since all individuals have experienced the elemental biologic need to which it refers. Conversely, symbols with more complex and contingent motivational referents such as 'home', 'family', 'work' and so on—not to mention ethereally elaborate concepts such as 'truth', 'religion' or 'fascism'—must necessarily have wide ranges of meaning among individuals with necessarily different experiences and social backgrounds. Indeed, we hardly need language at all to communicate experiences of transcendant biologic significance: thus, we can accurately discern pain, fear or rage in each other or in animals without any expressions at the verbal level. On the other hand, as the experiences become more specialized to the individual and group, their communication becomes at best only approximately 'understood' by those not personally acquainted with them. In this sense, I anticipate that many of the nuances of meaning I wished to convey by my analytic case-presentations may well be lost to those who have not previously had direct and intimate acquaintance with psycho-analytic material. These disparities of connotation, of course, increase rapidly as social and cultural gaps among individuals and groups become wider; for instance, even if we were to overcome the merely technical handicaps of language, most of us would find it very difficult to understand the Balinese terms for their intricate family relationships or peculiar directional or temporal orientations—as difficult as the Balinese find it to grasp our everyday words for time and space (23). We must, therefore, conclude that linguistics, too, is a psycho-sociologic as well as a biologic discipline; fortunately, however, this very circumstance helps us to include it in a fundamental psycho-biologic organon of total behaviour.

[8] In psychotics, of course, more drastic measures may be necessary, including convulsive shock therapy, both to cloud the patient's anxiety-ridden imagery through temporary or permanent neural diaschisis, and to 'shock' him out of his psychotic regressions and phantasies with the symbolic threat of death three times a week until he responds. However, this initial *vis-a-tergo* therapy must be followed by a resolution of emotional problems in so far as possible and a careful manipulative guidance—not exclusively verbal—to reality adaptations by every means at the command of the psychiatrist, social worker and community.

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A FURTHER CONTRIBUTION TO THE STUDY OF SLIPS OF THE TONGUE

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In my former paper upon slips of the tongue (1936a) I described their mechanism as follows: 'A phrase or word which was to have been pronounced has not only a conscious, but an unconscious, significance, the latter representing the gratification of infantile, instinctual wishes. These emanate from the id, and the unconscious part of the ego sets up a defence to prevent their being satisfied. This defence is a twofold process: (*a*) the instinct fusion which is pressing for gratification is turned against the self, and (*b*) the opposite type of instinct-fusion is mobilized.' Since writing this I have had opportunities of testing this formulation on a great number of examples and I have found it substantiated. It should not of course be inferred that I have analysed all these examples of slips of the tongue heard by me during the last seven years, for analytical technique does not allow of such an exclusive concentration on one problem alone. Some cases of parapraxis, moreover, have remained unsolved because of the degree of resistance encountered while trying to analyse them. None whose interpretation contradicted my formulation was met with. Beyond this, I have found the same formula applicable to all such psychogenic defence mechanisms as symptoms, perversions and neurotic character traits.

In the present paper I shall devote myself to the study of the phenomenon of narcissistic mortification and its rôle in slips of the tongue.

Every slip of the tongue represents a limitation of the power of the ego of short duration. In this it resembles a neurotic symptom which appears like a foreign body in the organism. The individual experiences a slip of the tongue as if it were a slight paresis interfering with and changing the intended flow of his words. Although this holds true for all slips of the tongue, we may observe a variety of attitudes on the part of the subject towards his own slip. Schematically formulated—in order to simplify the matter—these attitudes may be arranged according to the three libidinal types described by Freud (1931): Attitude A is adopted by people belonging to the *erotic* type, who are slightly disturbed by their parapraxes without however minding too greatly (*la belle indifférence* of the conversion hysteric). Attitude B is adopted by people belonging to the *narcissistic* type, who are proud of their slips and almost enjoy them as though they were jokes. Attitude C is adopted by people belonging to the *obsessional* type, who are so much afraid of a slip that they avoid talking altogether.

In addition to the narcissistic mortification

which the individual suffers as a whole from a slip of the tongue, we are able to detect another narcissistic mortification which is only experienced by one part of his personality, namely the ego. While Freud has described the slip of the tongue as an example of a break-through of an infantile wish, I have come to regard the slip as being the result of a compromise between the infantile wish and the defence put up against it by the infantile super-ego. This formulation allows us to study the narcissistic mortification which the ego suffers while the id and the super-ego fight for domination over it.

I am under the impression that I have in some cases succeeded in accelerating a patient's analytical progress by explaining a slip in the way I have just described and not as a break-through of an id-wish. My experiences during the last few years encourage me to publish some further conclusions along this line of investigation. To simplify the matter I shall try to demonstrate them by using as examples two of the cases I have already published (1936a):—

'Patient A. said: "When we have paid my wife's outstanding credits [*Aussenstände*]"[1], correcting himself: "her debts [*Schulden*]". Analysis led to the following result: the word "debts" was suppressed because it might have served to gratify the patient's aggressive impulse against the analyst: "We are *indebted* to you [*du bist daran Schuld*] for my wife's *debts* [*Schulden*], since she has had to give you money for her treatment." The words "outstanding credits" indicated in the first place the turning of the aggression against the patient's self; he also had incurred debts and had not paid them but, instead, had lent money to a friend. In this way he avoided a feeling of guilt [*Schuldgefühle*] about his debts [*Schulden*], until analysis destroyed this mechanism. "Outstanding credits" signified an aggression against the patient himself, because they reminded him of this disagreeable episode. Secondly a sexual fusion of instinct (anal in character) was mobilized. From this angle the expression "outstanding credits" signified that his wife, apart from certain inconsiderable debts, was a woman of comfortable means. From the point of view of consciousness the intention interfered with, namely the payment of debts, was certainly an innocent subject to talk about. It was only from the patient's associations that we recognized that the word "debts" might serve another purpose—the gratification of a prohibited aggressive tendency. He wished to point out to the analyst that they were indebted to *him* for these debts, since he had been treating the patient's wife for a long time and they had had to expend a great deal of money. We see then that the word "debts" embodied not only the conscious, innocent tendency, but also an unconscious, aggressive impulse emanating from the id.

'In order to repel this impulse or at least to prevent its gratification by the pronouncing of the word "debts", the unconscious part of the ego set up a defence. This had the effect of turning the aggressive impulse inwards against the patient's self; the word "debts [*Schulden*]" was replaced by "outstanding credits [*Aussenstände*]"; instead of the analyst it is the patient who is accused. But the defence consisted not only of the turning-inwards of the fused instincts. There was a change in the quality of the instinct, as well as in its direction. In place of and side by side with aggression there appears sexuality. For the phrase "outstanding credits" had a pleasant as well as a disagreeable significance: it reminded the patient of some property owned by his wife in an "outlying" district of Vienna [*ausserhalb Wiens liegend*]. The pleasure associated with this thought corresponded to the anal quality of the sexual fusion of instincts. Hitherto, when examining slips of the tongue, we have distinguished two tendencies only: a conscious, innocent and an unconscious, prohibited tendency. Now, however, we must take into account three such tendencies: (1) a conscious, innocent tendency, (2) an unconscious, prohibited tendency, emanating from the id and (3) another, equally unconscious, tendency which, though it seems prohibited in comparison with the conscious tendency, does not proceed from the id but serves the purposes of the *unconscious part of the ego*. The interpretation that would hitherto have been given would have been that the phrase "outstanding credits" embodies an unconscious impulse emanating from the id and suppressed by the ego.'

What arouses this strange defence against the aggressive satisfaction connected with the words 'debts'? In order to answer this question, I shall try to describe the entire mechanism in slow motion. The patient, to begin with, has a wish to attack the analyst by accusing him of being responsible for the debts his wife has incurred to pay for the treatment. At the same time he realizes that it is impossible to try to achieve the satisfaction of this aggressive impulse. Previous experiences remind him that he will be unable to hurt his analyst. This new attempt to offend the analyst will also fail, and he himself will feel ashamed. The analyst is the stronger of the two and will inevitably find an appropriate answer with which to ward off any attack. He will, for instance, remind the patient that he had spent money for no useful purpose and had run into debt though his earnings were adequate. As it appears impossible to the patient to injure the analyst, it may seem better to give up any such attempt and to turn his anger against himself.

[1] [In the translation as originally published '*Aussenstände*' was incorrectly rendered 'outstanding *liabilities*', which of course makes nonsense of the whole anecdote. —ED.]

We see here how the unconscious, using the well-known technique of condensation, is able, by a simple change of the word ' debts ' into the phrase ' outstanding credits ', to achieve a result, the description of which requires so many words in the language of our conscious mind.

To avoid misunderstanding it may be well to point out that a presentation of this description of the slip of the tongue to its author produced an energetic repudiation. He denied having had any of the ideas that have been named, and he was right. While making his slip of the tongue he was not thinking about attacking me nor did he anticipate the result of such an attack. If he had, no slip of the tongue would have occurred, he would simply have omitted the attack. Because he did not know that he had an aggressive wish, he was obliged to use, instead of a conscious repudiation, an unconscious defence mechanism—the slip of the tongue.

It is obvious—to return to our subject—that the suppression of the aggressive wish was caused by the anticipation of a defeat. Being in his unconscious a little child who faces a powerful father, he treats a difference of opinion between two adults as though it were a repetition of the archaic fight of son against father. This anticipation of the result of the actual conflict is based on and is coloured by his actual infantile experiences. He gives up the fight because these experiences lead him to expect defeat. But he is unable simply to relinquish his aggressive wish ; he is impelled to project it on to his father. His experiences have helped him to save himself from initiating a hopeless fight, but this saving is only possible by the substitution of a defeat in his phantasy for the threat of defeat by his father in reality. This kind of self-punishment is used to avoid a probable punishment by the external world. A self-produced defeat, it would appear, is accepted instead of a defeat by an external object. I saw this happen for the first time in my study of masochism (1936b), probably because in that perversion this mechanism plays so important a part. A defeat by the external world reveals the weakness of the individual. He avoids the experience of such a revelation of weakness by accepting a self-provoked punishment instead.

It is obvious that a normal person will refrain from an attack and accept a frustration of his aggression when a defeat seems probable. If the patient, instead of making the slip of the tongue, had said : ' When I think of my wife's debts I feel like reproaching you, but, knowing that you will have an effective defence by reminding me of the debts I have incurred, I prefer to drop this subject ', no one could have accused him of showing a neurotic reaction. The difference between a slip of the tongue and a conscious form of expression such as this lies in the fact that in the conscious formulation the subject recognizes the possibility of a defeat and for that reason suppresses the aggressive action, whereas in the slip of the tongue such a possibility remains unconscious. The avoidance of the recognition of a defeat seems to be one of the important advantages associated with a neurotic defence mechanism. The patient is prepared to accept another defeat in place of the defeat the recognition of which he has avoided. By suppressing the word ' debts ' the patient avoids recognizing the weakness of his ego invaded by the aggressive wish of his id (expressed in the word ' debts '). By accepting the phrase ' outstanding credits ' he accepts instead a defeat by his analyst, because these words recall the feelings he experienced when his analyst criticized him.[2] A defeat or, to use an analytical term, a narcissistic mortification by the analyst was thus accepted and a narcissistic mortification by the id was denied.

Prior to the investigation of this kind of exchange it may be necessary to point out that neither this exchange nor the acceptance of the narcissistic mortification was an act of the conscious mind. When we started analysing this slip of the tongue and the patient's associations produced the material used in my interpretation, three different forms of resistance became apparent. In the first place, he began by objecting to my interpretation that the words ' outstanding credits ' expressed an aggression against himself. This resistance was a slight one, however, and he accepted my interpretation when I pointed out that he himself, by his associations, had reminded me of the discussion we had had before, in which I explained to him that his attitude about his wife's debts was unjust. He raised a second objection when I suggested that the words ' outstanding credits ' also represented all the pleasant thoughts connected with the property his wife owned. This resistance too, was fairly easily overcome when I pointed out that my interpretation was based on his associations to the words ' outstanding credits ' (property in an outlying district of Vienna). I encountered his greatest resistance when I suggested that the word ' debts ' had been omitted because it represented an aggressive wish against the analyst. I tried to find out why he was so vehement in opposing such a suggestion and, following a long and full discussion, the patient reminded me that on a previous occasion he had warned me about his aggressiveness. He was afraid that any conscious acceptance of his aggressive instinct would lead to some criminal act. By pointing out our experiences in analysing other similar examples where, as a result of his recognition of the suppressed aggression, not only no crime had occurred but a better control of it

[2] I had told him that his complaints were not justified because, in spite of his large income, he had incurred debts before he was analysed and, instead of paying them back, had lent money to other friends and had now used this fact that he had outstanding credits as an argument against having to pay his debts.

had been obtained, the patient was persuaded to re-examine my interpretation.

This led to the following conclusions :[3]

(1) He refused to admit the aggressive wish because he was afraid that he would be unable to control it.

(2) This fear was due to the fact that his aggressive wish was an infantile one and therefore (*a*) directed against his father, (*b*) very brutal in its quality (he was afraid of committing a crime), (*c*) connected with its, so to speak, hallucinatory fulfilment.

(3) This infantile wish used the incident of the debts as a cover. The feelings he was afraid of were the infantile ones.

It may be opportune to add a few remarks with regard to the hallucinatory character of the wish fulfilment. It is well known that an infant discovers during his development that a wish and its satisfaction are two phenomena not necessarily connected. The feeling of infantile omnipotence (to use the term introduced by Ferenczi) is absolute while the child remains in the uterus and is gradually abolished through his experiences after birth. When an infantile wish is suppressed, its content and its object, as well as its technique of achieving a satisfaction (by wishing instead of acting), are retained in the unconscious. The adult neurotic, when acting under the influence of such a wish, treats each stranger representing authority as though he were his father : he wishes for things which were valuable for him once when he was a child and expects to get them immediately and without any (or with very little) effort.

Because of these characteristics the patient refused to admit his aggressive wish to his conscious mind. The unconscious defence, although preventing the full satisfaction of this wish, allowed him to retain it indefinitely and to achieve a partial satisfaction in the mask of a parapraxis. In analysing the attitude of the patient towards his wish, one is tempted to inquire whether he is refusing to admit it because he is afraid that the wish will lead to its satisfaction or because he is fearful of experiencing a conscious frustration. My impression is that he is afraid of both eventualities and that the psychogenic defence mechanism serves two purposes : (*a*) it interferes with a full satisfaction of an infantile wish while allowing a partial one, (*b*) it helps to avoid the humiliation a person suffers when coming to realize his childish interests. (When a patient begins to understand the unconscious meaning of his troubles he often says : ' Isn't it ridiculous ? ')

The fact that in the case of this slip of the tongue the patient showed the greatest resistance against admitting the presence of an aggressive wish and had relatively little objection to accepting the masochistic and anal instinct employed as an anti-cathexis, does not mean that this is the case in all other instances of parapraxes. Here is an example (1936a) of a slip of the tongue where an aggressive wish was accepted :—

' A patient whom I will call B., having accepted a certain interpretation, said : " You may be "—then correcting himself : " You *are* right." He had just told me that on the previous day he had had a reconciliation with his wife and that, since then, she seemed a totally different person : her hardness had melted away and she was gentle and amenable. The effect of this incident was to depress him—a fact which he explained by saying that the change in his wife would not last. I doubted whether this was the true explanation and gave it as my opinion that her change for the better was itself the cause of his depression. Hitherto he had gratified his aggression by means of an inner identification with her ; now he could do so no longer, and his aggressive impulse turned in upon himself. At first the patient disputed the correctness of this interpretation, but finally his associations forced him to admit that I was right. It was then that he made the slip of the tongue which I have quoted above. The phrase " You are right " was suppressed because unconsciously it signified a gratification of the patient's passive-homosexual attitude to the analyst [*er hat immer Recht*—he is always right]. The phrase " You may be right " [*Sie dürfen Recht haben*] signifies in the first place a change in the direction of the wish : " it is open to you, I permit you, to be right." The prohibited passive attitude was thus replaced by the active one. Secondly, the aggressive instinctual impulse was mobilized as an anticathexis : the phrase " You ' may be ' right " signifies then " perhaps you are right, but it is not certain, for even you may make a mistake ".'

In this example, also, three different types of resistance must be distinguished. Here too the most severe was the last :

(1) Resistance against admitting that the words ' You may be ' mean ' I permit you to be right '.

(2) Resistance against admitting that it also meant ' Perhaps you are right but it is not certain, for even you may make a mistake '.

(3) Resistance against accepting the fact that the phrase ' You are right ' meant that the patient admired his analyst in a passive homosexual manner and wanted to be loved by him.

To sum up : the substitution of the words ' You may be right ' for ' You are right ' helped the patient to avoid admitting the narcissistic mortification due to the fact that he was unable to control his passive sexual wish. Instead, he accepted the narcissistic mortification connected with his inability to control his active wish. ' It is not true that I cannot stop myself from obeying

[3] It is obvious that such an interpretation of a slip of the tongue is only possible in connection with a deep analysis of the patient and that I used material gained from previous examples.

him, the truth is that I cannot stop myself from giving him orders.'

A comparison of these two slips of the tongue shows first that in case A an aggressive wish was suppressed and in case B a sexual one. Secondly, in case A the patient resented the power of his id and accepted instead, and readily, the power of the analyst, whereas in case B the patient took pains to deny the power of the analyst and accepted instead the power of his id.[4]

There are other psychogenic defence mechanisms in addition to parapraxes where the aggressive wish is the one which undergoes the most severe suppression. I refer to the mechanism of projection, and I should like to recall the case of 'Little Hans' (Freud, 1909) by way of illustration. Little Hans had an aggressive wish against his father, and this wish was warded off by changing his father into a horse and then by anticipating the result of this punishment. It is obvious that this transformation of the original wish is called a neurotic symptom only because little Hans produced it unconsciously. Had he said: 'I am afraid of the horse because I want to hit him and I want to do that because I am afraid to hit my father', no one would have called his reaction a neurotic one. Only because the idea 'the horse will bite me' appeared without the conscious causal connection to his wish, did he need the help of psycho-analysis. In comparing the conscious and the unconscious defence against this aggressive wish, it becomes obvious that in the former the power of the id to invade the ego is recognized, whereas in the latter this narcissistic mortification is denied, but, instead, the power of the horse which forces the child to stay at home is accepted. In the conscious mechanism the action is arrested because of a probable defeat, while the unconscious mechanism deals with the wish itself. Its aggressive feeling changes its verbal description from 'I hate him' to 'he hates me'. This is possible because at a certain stage of development the child believes that he can directly feel the feelings of his mother and *vice versâ*. This mechanism is visible in all projections. In all projections the patient is saying: 'It is not true that I hate him, the truth is that he hates me. It is not true that I am afraid of my emotions and am unable to control them; the truth is that I am afraid of *his* emotions because I am unable to suppress them.'

I shall not try to discuss here other problems of projection, but I shall instead concentrate on the problem of the narcissistic mortification and proceed to describe in a few words another defence mechanism where the problem of avoiding a narcissistic mortification is solved in another way.

In melancholia, which often begins after the patient has lost his love object, the aggression is readily admitted. In the analysis of a projection it will require a great expenditure of time, energy and skill to prove to the patient that he has aggressive wishes; on the other hand patients suffering from melancholia reveal their aggression spontaneously. Is this latter behaviour perhaps a break-through from the unconscious? By no means. The analysis of these patients shows that their self-accusation 'I have killed him' is a defence against the realization that 'he left me and I was unable to hold him'.[5]

These patients are prepared to accept the humiliation of not being able to control their aggression, in order to avoid admitting that they are unable to control the object. Whereas a normal person after having been deserted by his love object will say 'I hate him because he left me' and thus admit the narcissistic mortification caused by his inability to influence the decisions of the love object, the patient, by saying 'he left me because I hated him', denies this narcissistic mortification.

There is no doubt that the statements of a patient suffering from projection and introjection contain a certain element of truth. It is possible that the object he hates will find this out and will hate him; it is also possible that the object that deserted him did this because he, the patient, not only loved him but also hated him. This element of truth increases when one investigates these phenomena in childhood. The infant with an aggressive wish against his mother is unable to keep it secret by arresting its expression and its satisfaction. For him to have this wish, to satisfy it, and to be punished for it is all one thing. He is also right when after being punished he attributes the punishment to his previous aggression. It is obvious that a normal mechanism used by an infant becomes a neurotic one when the adult continues to use it.

The comparison of the mechanisms of introjection and projection leads to the conclusion that in the former a narcissistic mortification by the id is accepted and a narcissistic mortification by the external world is denied, whereas in the latter a narcissistic mortification by the external world is

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[4] Every analyst is familiar with one type of patients who energetically refuse to admit that the defeat from which they are suffering is a self-provoked one, and another type who insist that all defeats are caused by themselves.

[5] These mechanisms are even more complicated. The aggressive wish which is projected is the result of a defence against a sexual one, while the sexual wish warded off in the introjection is the result of a defence against an aggressive one. Schematically one may express this as follows:

Projection

I love you.
It is not true that I love you; I hate you.
It is not true that I hate you; you hate me.

Introjection

I hate you.
It is not true that I hate you; I love you.
It is not true that you hate me; the truth is that I have hated you and that I hate myself.

accepted and a narcissistic mortification by the id is denied.[6] This then gives rise to a question concerning the cause of this different behaviour in connection with narcissistic mortification. It appears that, in all cases where a narcissistic mortification from the id is denied, the patient has in his childhood suffered a narcissistic mortification of the id to such a degree that he was unable to accept it and to assimilate it. In cases where the patient rejects a narcissistic mortification from the external world, however, it appears that he has in his past experienced a narcissistic mortification from the external world so severe that he was unable to accept and to assimilate it.

From a therapeutic point of view it seems important in analysing these neurotic defence mechanisms to prove to the patient that, in addition to the fact that his wishes cannot be satisfied in reality because of their infantile character and must therefore be repudiated, his refusal to admit the limits of his power must also be given up. In patients belonging to the narcissistic type of personality the analysis of the narcissistic mortification appears to be decisive.

Conclusions

(1) The psycho-analysis of a number of slips of the tongue and certain other psychogenic defence mechanisms shows that they can be described as a defence against an infantile wish of the id. This defence involves a twofold process: (*a*) the instinctual fusion which is pressing for gratification is turned against the self, and (*b*) the opposite type of instinctual fusion is mobilized.

(2) The defence is initiated by infantile experiences which lead to anticipation of defeat if a satisfaction of these infantile wishes should be attempted.

(3) The mobilization of the opposite type of instinctual fusion substitutes a sexual wish for an aggressive one and *vice versâ*. This eliminates the original damming-up of the instinct.

(4) By turning the instinctual fusion against the self an *active* instinctual aim becomes a *passive* one and *vice versâ*. This prevents a certain kind of narcissistic mortification from becoming conscious, and leads instead to the acceptance of another kind of narcissistic mortification.

(5) Two groups of narcissistic mortification are described. The mortification of Group A represents all the suffering, humiliation and pain due to the power of the symptom, which like a foreign body interferes with the patient's normal activity. He accepts this narcissistic mortification instead of admitting to his conscious mind the presence of powerful unconscious tendencies. The narcissistic mortification of Group B becomes visible only on a closer analysis. It represents the defeat which the ego alone, and not the whole personality of the patient, experiences when it is invaded by the infantile id or the super-ego.

(6) In certain psychogenic defence mechanisms the narcissistic mortification from the id is denied and a narcissistic mortification from the infantile super-ego is accepted. This is the case, for instance, in the mechanism of *projection*.

(7) In another group of psychogenic defence mechanisms the narcissistic mortification from the infantile super-ego is denied and the narcissistic mortification from the id is accepted. This is the case in the mechanism of *introjection*.

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[6] It is not surprising therefore that a patient suffering from a paranoid projection may actually satisfy his aggression against the object by attacking it, whereas in melancholia the aggression, instead of being directed against the unfaithful friend, produces a suicide.

ON 'THE NEED TO KNOW' AS RELATED TO IDENTIFICATION AND ACTING OUT[1]

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The *Unknown* is universally apprehended in experience as tension-producing. This is understandable when one considers the child's earliest contacts with the world into which it is born. I shall not review the familiar psychological material except to bring it into focus with certain physiological observations. We know that the infant takes on new organic tasks from the moment of birth, e.g. the pulmonary circulation, breathing, temperature regulation, digestion and excretion. Though the mechanisms for performing these functions are present, the organism is 'physiologically awkward' and labile in its performance, so that the infant experiences extremes of fluctuation in its metabolic processes, and hunger levels which it has not heretofore known. Thus the smoothness of intra-uterine life cannot be reproduced even in the most favourable of situations, and the world is presented as an unknown (i.e. never-before-experienced) internal and external

[1] Condensed from a paper read before the Chicago Psychoanalytic Society, June 25, 1943.

milieu which is productive of organic tension and full of unexpected requirements.

These requirements include, in our society, many things which are less consonant with the capacities of the organism than the physiological tasks just mentioned. The experiences, for example, of the nursing period and of habit-training are replete with tension-producing necessity for postponement, substitution and denial. These requirements come 'out of the blue' as far as the infant is concerned; they constitute a restriction of his view of himself, and they force a growing awareness of the pain or unpleasure that is an accompaniment of the heightened internal tension level.

We know that the organism requires an outlet or release for the heightened tension, and we know further that the earliest modes of release are in the form of gross motor discharges, whether localized as in the excretory process or generalized as in the spasms or convulsions so common in the widest variety of conditions and situations of infancy. As the child develops, these discharges become less gross, less immediate and less undifferentiated. They take on more and more a patterned appearance which relates in the most intimate and complete detail to the conditioning factors of the child's experience in respect to both people and things.

As the capacity for this more patterned behaviour makes itself manifest, the tension belonging to the child's experience of the *Unknown* and *Unexpected* can be dealt with by conversion of the Unknown into the Known, *if* the situation is one which the child *can* know—i.e. has the capacity to assimilate. But when, quantitatively or qualitatively, the experience is one which *cannot yet* be assimilated by the child, the 'next best' tool at its command is the *attempt* to know through an attenuated repetition of the disturbing stimulus-experience, especially as it relates to the mediator of that experience—viz.: 'If I act like that person—become him—crawl into his skin, I shall know him and be able to predict what he will do and not be surprised—hurt—by him.'[2]

Both the observation of children and clinical material from adults indicate that this *attempt at knowing by acting out the likeness of a situation*, which I shall call *identification-knowing*, takes place very early, expressing itself in motor ways whose patterns of mimicry soon become astonishingly faithful to the life, and are frequently as keen an exposition and economical a representation as the most caustic of caricatures. Indeed it is this very quality which so soon threatens to close off this mode of tension-release, for, since it is too open or obvious for his comfort, the parent may deny it to the child; in which case the identification-knowing is forced farther from the surface, undergoing distortion and reappearing in camouflaged form or transferred to a new object. But the process, whether undisguised or camouflaged, remains continuous, carried into adult years and late relationships in those cases where the parents have remained 'unknowable' by reason of great complexity of character and devious life-patterns or through such externally mediated circumstances as separation and death—'unknowable' even in the face of the child's growing capacity to know. It is in such cases that the attempt at identification-knowing is continued in the later actings-out which, by their lack of consonance with present reality, create those unsuitable adjustments that make of the patient's life an unsolvable neurotic predicament.

It should be clear that I am not here dealing with the element of *intellectual* knowing except secondarily as it appears as an external manifestation of the fundamental need for *emotional* certainty that is being sought *via* identification. If at this juncture or later it is noted that I have not employed such terms as oral sadism, scopophilia, castration anxiety, penis envy, Œdipus wishes, etc., it is not because I do not see or appreciate the importance of these dynamic formulations in the clinical material that follows, but rather because, in addition to these factors—perhaps basic (as an energizing force) to their development—there appears in these patients the more generic drive—the need to know. Further, as experience indicates, where the child *can know*, can assimilate, the hitherto unknown elements in people and situations, there seems to be no especial necessity to continue this type of identifying relationship in order to control or master the tension-producing elements. Relationships can instead be dealt with as required in reality, and even relinquished without undue anxiety. Indeed it is such a process of assimilation that we seek to set in motion in analysis with the hope that a realistic apprisal of relationships may be achieved.

This brings me to the clinical material from the analyses of four patients.[3] There are few generalizations which can be made regarding these cases except such as relate to the parental capacity for being known. It can be said that in each case the parent of the same sex as the patient had remained 'unknowable' owing to extreme inconsistency or disordered behaviour, followed in three instances by separation or death. In two cases the disordered behaviour seemed almost psychotic, and in three cases there had been clear evidence of violence or criminality in the parents. In one case both parents were 'unknowable', while in the remaining three the parent of the opposite sex seems to have been potentially knowable, but to have remained unknown for various reasons, such

[2] If this goes on to and remains: 'I eat him—incorporate him—magically control him—will never be hurt', we have what is tantamount to a psychotic construction.

[3] For purposes of condensation two cases have been omitted: one each in the two categories indicated below.

as domination of the scene by the other parent, preoccupation with another child, etc.

The four cases fall into two categories, according to whether there had, in the main, been positive or negative symptomatological expression of the need to know, viz. :

(*a*) Those in which the formulation is 'I must know everything about everyone (or everything and everyone).'

(*b*) Those in which the formulation is 'I don't know anything about anyone (or anything about anything).'

In the first category is the case of a man of thirty-five who came to analysis because he had broken up his first marriage, and felt that he was about to do the same with his second marriage, which was then barely two years old. He had not been able to leave his first wife 'until she was torn apart', and he felt a great urge to use 'this mental third degree' on his second wife. His relationships with both men and women were troubled; 'funny things' happened to his voice; and he lived in a constant state of unrest. He was a successful broker, and while his business was strictly legal, it depended on his ferreting out concealed information and using it as veiled blackmail to force purchase of certain securities. He had a deeply philosophical turn of mind, solved mathematical problems to 'rest' himself, but periodically felt the need to 'relax' with carousing 'buddies'.

He had no ready life-story to tell and seemed acutely apprehensive and watchful, while attempting to startle and trouble the analyst by sudden, violent movements and loud noises. His confusion regarding primal figures was three-fold. His father had died before his birth, and had since been represented as a mystical dreamer, a bouncing newspaperman, an Irish revolutionary and a dying consumptive. The mother was completely unpredictable. When young and beautiful she had taken the child with her into many a questionable situation, yet her virtue was 'proved' by rigorous observance of all the rituals of Catholicism. Her friends changed frequently because of fights of unknown origin. She would frequently break down and cry over some imagined future disaster, but, for all these 'struggles', she and her children were for years supported by various relatives. She was a spasmodic housekeeper: meals would be sketchy and grand by turns, clothing inexplicably lost instead of being washed, and school attendance dependent on the patient's ability to walk in two shoes meant for the same foot, or in his sister's shoes when his own disappeared.

When the patient was three years old, a stepfather came into this turbulent atmosphere, after a courtship consisting largely of excursions with the children. After six months, however, the family returned to the home of the maternal grandfather, who had just paid a large embezzlement claim to get the new 'father' out of jail. From then on they lived a see-saw existence. A respectable householder for a few months, the stepfather would soon embezzle, blackmail or otherwise violate the contacts he could always make with men. There were occasions when the whole family stole away in the night, leaving everything but what they could carry. The mother's co-operation made it more difficult than ever to understand her 'virtue', but even this was less confusing to the patient than those episodes in which he and the stepfather were alone on such flights. At such times the formerly fastidious gallant had turned into a coarse creature, who taunted the patient when he feared to steal food from plates in the 'hash-houses' they frequented, and finally told the child: 'Starve, then —I'll have that much more.' Regularly, following negotiations by the mother, they would 'start all over' in another town, at which time the patient would find himself subjected to the severest criticism on any evidence of 'unseemliness', and constantly urged to 'turn an honest penny'.

The stepfather finally deserted after one of the more severe breaks in his paterfamilias rôle. He had tried to isolate the patient (then aged sixteen) from family and friends in a degrading business situation which was ended by a violent quarrel and the mutual threat of physical violence, and had then attempted seduction of the patient's seventeen-year-old sister. Immediately after the stepfather's departure, the patient made an exactly similar attempt. In all these years there had been, despite periodic prudery, no dearth of observation of genitalia, coitus, and every detail of the parental relationship. But essentially the characters of both parents remained unknowable, and the patient's already apparent struggle to know them through acted-out identifications continued.

These re-enactments took *inter alia*[4] the following forms: his two marriages represented the two marriages of both his mother and his stepfather, since, after the final desertion of the patient's mother, the stepfather had bigamously married a wealthy school teacher from whose funds he paid the patient's mother a 'hush-money' allowance until he deserted this second 'wife' also. The patient's feeling that he would break up his second marriage clearly represented the break-up of the second marriage of both parents, and he frequently felt that his own second marriage, like the stepfather's, was not really

[4] Space does not permit discussion of the patient's business relationships, which in number, types of partners, timing and manner of dissolution, constitute a further duplication of the activities and marriages of his mother and stepfather.

legal. The money which he gave his first wife regularly had the connotation of being taken from his second wife. He had remained with his first wife until she had three children. They were spaced exactly the number of years apart that he and his sisters were, and, by whatever trick of fate, the sex incidence was the same.

Violent quarrels occurred over the third child's paternity, since the patient felt certain that she was the child of some other man. This conforms with the different paternity of his own half-sibling (the youngest—third—child of his mother). This matter became so important to him that, confronted with the child's likeness to himself, he began to read and inquire concerning the possibility of double fertilization of a single ovum. This last constituted an extension also of his own childhood phantasy that his stepfather was his actual father, further emphasized by the stepfather's insistence on being called father and having his family name used by the children.

Since the patient's marriages represent those of *both* the mother and the stepfather, we would expect to find some confusion of the masculine-feminine rôles, especially since there was confusion of these rôles in the relationship of the parents. The patient's first wife was, in physical appearance and a complacent respectability, reminiscent of his stepfather's ' better ' self ; in a quite incongruous sexual violence, she was like his mother. The patient absented himself on the occasions of the birth of his first two children and appeared at the hospital drunk, dishevelled and in an ugly temper on the birth of the third. This last was exactly what the stepfather had done when the patient's half-sibling was born.

At about this time a young woman of farm origin (like his mother's) became the patient's secretary. He at once began to woo her as his mother had been wooed—on trips and excursions. Under a very prim exterior, she proved to be a remarkably suitable partner for his actings-out, combining for him the school teacher for whom the stepfather had deserted the mother, and the unpredictable mother herself, who had (as this woman soon began to do) acted the heroine of a ' love-me-but-leave-me-and-I-will pine ' drama. Her own acted-out sexual phantasies were remarkably close to actual occurrences of the patient's childhood and served still further to cement the relationship. After some half-hearted attempts to leave her, he arranged a meeting between her and his wife. (His mother had gone to see her successor when, in the year after the final desertion and with the beginning depletion of his funds, it seemed possible that the stepfather might return to her.) However, when at about this time the patient discovered that his new love enjoyed occasionally reversing their rôles, and not only dressing as a boy but pretending in intercourse that the penis was hers, he felt that he could not leave her, since he could then know ' what the woman feels and how the man looks '.

It was in relation to this material that much of the significance of his troubles with his voice came out. He was—like Ferenczi's case (1915)—' a man with two voices ', the one low and gruff, the other high and bland. But the high, bland voice spoke the phrases reminiscent of the stepfather in his most seductive aspects ; the gruff, low tones were frequently used for the teasing, dramatic eloquence of the mother. Thus the confusion as to masculinity-femininity in the relationship of these two was again re-enacted.

The patient's reaction to intercourse when he does play the man's rôle is that the penis is an instrument of discovery, ' to find out what women are like ', since they ' reveal ' themselves when ' in a passion '. Nevertheless he becomes annoyed if the woman ' loses herself ' in the orgasm, since it is necessary for him to ask and the woman to tell exactly what she feels. The ' revelation in a passion ' motif also brings in the matter of his wildly provocative behaviour which has forced one woman after another to tear her hair and plead with him ; but these ' revelations ' rarely satisfy him, since they differ from the mother's excitements which could be ' turned off ' at will.

The reaction in the transference has been a determined attempt to force the analyst into rôles complementary to those which he assumes. When frustrated in such an attempt, the patient's ability to produce every variety of distraction has been phenomenal. Through all this has run the persistent theme : ' If I don't know you (them), how do I know what you are capable of, what you will do ? ' But with a certain calmness that has developed following the working through of many of his early attempts at identification-knowing, came moments of self-appraisal in which he said : ' Somewhere in all these people *I* got lost ' ; another time : ' Who can *I* be ? '

The answer to this question has not yet been reached, but there do appear glimpses of a distinct character of his own which, despite the multiple identifications, seems not at all ' slithery ', nor one in which the reality-adaptation is tenuous. There are, on the contrary, internal strengths which must be responsible for his not having become psychotic in the face of overwhelming doubts that could not be resolved about identification-figures which could not be known.

In the second category is the case of a girl in whom the ' need to know ' was distorted into its negative expression. This girl, fifteen years old, came to analysis at the insistence of her family when it was discovered that an intimate relationship had developed between herself and her brother-in-law following the birth of the brother-in-law's first child some months before. She had originally been referred to an analyst regarding

difficulties in school work, but, though the imminence of an explosion in the family had then become apparent, the patient did not consent to treatment until the relationship between her brother-in-law and herself had come out into the open with tremendously destructive effect.

The patient was beautiful, but extremely artificial and over-dressed, looking like a too-faithful copy of a 'movie' actress. It was impossible to get any impression of what she felt about the disturbed family relationships. She laughingly said: 'So I don't learn anything—so my brother-in-law is in love with me. . . . So what? I feel fine! *I* don't know what *they're* feeling, but whatever it is, it's their feelings—*I* can't help that. Let *them* be analysed!'

Regarding her external or superficial 'movie character', it was learned that she had only recently returned from Hollywood, where she was to have had a screen test. She had made the trip with her eldest sister and brother-in-law, but the arrangements had been made by her mother. The plan had originally been devised as a ruse by the brother-in-law in order that the patient might make the trip with him; it had, however, been carried through at the mother's insistence, *after* the *exposé* of his relationship with the then fourteen-year-old girl. The elder sister apparently felt that she had to accept the situation, though not without violent outbursts, both physical and verbal, against the patient.

The mother's domination of the scene was apparent from the first. The father seems to have been essentially a 'knowable' character who had tremendous success in business enterprises in which his wife had no part. In the home, however, his place had been so restricted by his overpowering wife as to have made him an unknown person to his children. As far as the patient was concerned, he was a stranger who, pleasantly enough, had actually one day asked her: 'Let me see, how old are you? . . . Oh, yes, well, what grade are you in now?' Lately with a burst of angry feeling the patient said: 'I can't imagine him getting on top of my mother. You don't understand—but it's *im-pos-si-ble!*' Then more quietly she said: 'But when I say that, I think there must be a world where he's different. How could he make all that money—how could the government deal with him in business otherwise?' When as a child she had felt his relative unimportance in the household, she had, provocatively enough, asked her mother: 'Is it all right if I love you more than I love Daddy?' and was told that it was 'natural' to do so.

The patient is the youngest of three sisters, the eldest approximately eight years, the second six years her senior. The father's reaction to the birth of three daughters can only be surmised, but perhaps the most open behaviour he has shown was first a happy 'blossoming' when his son-in-law came into both the home and business and became his constant companion, and later when his first grandchild, a boy, was born and at once ensconced as the pivotal point of his interest. But this open preference would probably in itself not have created so great a reaction in the patient had it not high-lighted the mother's strange and, to the child, inexplicable behaviour.

This dominant mother, a regular sufferer from migraine headaches, emerges as the unknowable character in this family. Herself no beauty, she had nevertheless become a 'triumph over nature' who, with mock deprecation, told of such compliments paid her as that she 'looked like a kept woman'. A prudish, moralizing gossip, who said 'How dare you?' when the patient had asked her about birth control, she would participate in table-talk with her daughters on the subject of types of kisses. She would regularly destroy in conversation any friends or acquaintances regarding whom there was a breath of scandal, but years before had, in order to spite a brother, taken into the home a young niece who, while temporarily estranged from her husband, carried on an open affair with a dashing orchestra leader by whom she supposedly became pregnant about that time. The mother's brothers and sisters had themselves been the subjects of scandal, and the family was replete with instances of marriages of first cousins, of men to their mistresses, of women to the husbands of dead sisters. In the face of all this, the mother talked bombastically of her family at every opportunity, and participated in all the get-togethers that gave at least the appearance of family solidarity.

She seems to have used the eldest daughter, also 'a beauty', as a tool of her own angry seductiveness, apparently urging her, both before and after marriage, to turn all the heads she could, but discreetly withdrawing as not having said 'a thing' if trouble threatened. Certain it is that she had used such tactics with the patient. She acted in all essentials the sufficiently mixed-up rôle of a whorehouse madam, herself an exhibitionist in *formes frustes*, who now becomes outraged if the fornications which she has arranged actually take place—whereupon she proceeds to make rivals of the very girls whom she has used as tools. It was this competitive seduction that dovetailed with the father's attentiveness to his son-in-law. It seems certain that the mother had, in the pretended intimacy of family life, exhibited herself in partial undress to her son-in-law, and that, on the pretext of being confidante first to him and then to her eldest daughter, she had wormed her way into the most intimate aspects of their lives, separately and together. All this the patient duplicated in typically spiteful caricature.

Another enigma regarding the mother was expressed in the patient's question: 'What generation does she belong to?' The mother

acted like sister or girl-friend to the patient's eldest sister, like a condescending mother to the patient's father, and like a still farther removed older woman to the patient herself. She is said to look younger with the passing years, more svelte, more than ever the contemporary of her daughters. When the patient began to grow up and her good looks to be remarked, and when at the same time the eldest daughter decided to have a child and 'probably ruin her figure', the mother promptly transferred her attentions to the patient, changed her style of dress from that of a schoolgirl to that of a movie queen, and 'skipped' her from being 'such a little girl' to the status of a contemporary.

The patient then assumed the eldest sister's rôle in the relationship with her mother, accomplishing a combination of teen-age seductiveness, an experienced prostitute's sexual aggressiveness, and a very little girl's wide-eyed innocence. But, not relieved by the assumption of the sister's rôle, she began to act out an identification with the mother in an exhibitionistic seduction of her brother-in-law, the while becoming extremely friendly with her sister. All this was played out openly under the mother's nose, and so keenly did it caricature her that its spiteful implications became all too clear. It was then that the mother, now denied an intimate participation in the patient's life, became violently angry and focused the confused wraths of the entire family on this fifteen-year-old girl.

The patient's response was to become a vapid, dissembling creature on the surface, to cease any attempt at school work, to see only those friends who would react to her as satellites (as is the case with the mother's social contacts), and to proceed to act out the same kind of seduction as had taken place with her brother-in-law, but now with boys of her own age who, being for the most part very confused, acting-out types in trouble with their own families, were clearly versions of herself. She dresses one day like a ten-year-old, the next like a *demi-mondaine*. When she is the 'very little girl', she speaks of the family relationships as being 'full of secret air pockets—you bump into them and they explode in your face'. When she is the *demi-mondaine*, she feels 'as though my face were a mask—my heels stilts'. This led to the feeling that 'I try to raise myself into my mother. But when I say that, I'd like to cut a hole in my own stomach and fly away from her'. In utter confusion and misery at one point, she cried: 'If I could only wake up to familiar things—what I know—around me', and 'If I didn't have parents I'd be an orphan, but I'd know who *I* was, anyway!' More recently she said: 'I can't pass anything up—I *have* to go even when I don't want to, because if I didn't I wouldn't *know*. . . . If you live in a choked-up adult world, how can you know anything? You're lost They (the adults) can be sure of me; I can't be sure of them.'

The transference reaction is still not to be counted on as a positive therapeutic factor. There are too many present outside opportunities for the re-enactment of her identifications with the characters who are still so unknown to her. In such a case the emotional satisfactions inherent in positive transference reactions must compete with the strong urge *to know at once and in action*, particularly where the environment contains so many 'rewards' in response for precisely those actings-out which the analysis seeks to control. My further impression is that if this patient were actively psychotic and her appraisal of reality sufficiently impaired to permit her openly to act out her phantasies, doubts and needs to know in the transference, the ultimate prognosis would be better, for the *satisfaction in action* could take place within the analytic situation and could there be brought to verbal expression. Also, for such patients the analyst must be more 'knowable' than is ordinarily the case, for to ask these patients to accept an essentially sphinx-like or Delphic analyst is to ask them to endure at once in analysis what they have never yet been able to endure in life. From the earliest contacts onwards, the analyst must be, as with a smaller child, a person who can be known, alive-in-the-present, and in that sense more a real object than a surrogate in the emotional development of the patient.

Thus, in conclusion, the following observations can be made:

Clinically, (1) Patients of the type here presented—i.e. with 'unknown' or 'unknowable' parents—express either positively or negatively the 'need to know' in all aspects of their psycho-social functioning; (2) In the service of the 'need to know', multiple identifications with prototypes of the unknown parent-imagos are adopted and acted out; (3) The acted-out identifications exhibit caricatured reproductions of long-past parental behaviour; (4) The element of retaliation is strong in the spiteful *exposé* of becoming the parent-to-the-life-but-in-caricature, viz. 'I exhibit you to yourself'.

In regard to treatment, (1) The satisfactions obtained through acting out such retaliatory *exposés* are sufficiently great to constitute a therapeutic hazard; (2) Such patients require that the analyst shall become more 'known' to them than in cases where the actual parent-figures have been or become capable of being known by the developing child; (3) In the transference these patients exhibit a marked tendency to act out also the analyst's rôle; not so much to assuage the narcissistic hurt entailed in the envious view of the 'Super-Person', as to appease the much more primary narcissism which relates to the deep conviction that *Knowing is Protection from Hurt.*

And finally it appears that (1) The conversion of the *unknown* and *unexpected* into the *known* and *predictable* is a necessary pre-condition to the attainment of the inner certainty and security which permit a child continuously to assimilate and react to the realities of its life situation; (2) Despite bizarre behaviour involved in the acting-out of multiple identifications, such persons are not psychotic, and in fact give evidence of an unimpaired ability to assimilate the essentially knowable aspects of reality; but (3) The necessity for continued attempts at knowing-by-identification acts as a deterrent to the development of an integrated self in a real world.

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FORTY-FOUR JUVENILE THIEVES: THEIR CHARACTERS AND HOME-LIFE

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[*** Sections IV to VII will appear in the next issue. The small figures in brackets occurring in the text refer to the Bibliography, which will also be included in the final instalment of the paper.]

(I) THE PROBLEM: METHODS OF RESEARCH

There are probably few people whose work lies outside the courts who realize that in nine criminal cases out of ten the charge is theft. During 1938 for instance there were about 78,500 persons found guilty of an indictable offence, a category which excludes drunkenness, traffic offences and other minor delinquencies. Of these over 56,000 (or 72 per cent.) were found guilty of larceny and another 16,000 (or 20 per cent.) found guilty of breaking and entering, frauds or receiving stolen goods. This leaves only 6,500 (or 8 per cent.) for all other offences.

Another fact perhaps little realized is that for some years past exactly half of those found guilty have been under 21 years of age and that over one-sixth of the total were under 14. Indeed of all age-groups in the population it is the thirteen-year-olds who appear most often in court. Thus theft, like rheumatic fever, is a disease of childhood and adolescence, and, as in rheumatic fever, attacks in later life are frequently in the nature of recurrences. Of the men and women sent to prison in 1930 not only had half been there before but nearly one-

quarter were going for at least their sixth time.[1] Even at the age of 16, one-third of those charged in the courts had been charged before (5).

These figures are remarkable and may do something to impress upon us the magnitude and social importance of youthful stealing. But still they are inadequate, for what official statistics do not tell us is the age at which the offenders first developed delinquent habits. The evidence strongly suggests that in many, perhaps the majority, of serious cases it is well before puberty. It is in this period therefore that the origins of the trouble are to be sought.

Many attempts have been made to find the causes of habitual delinquency, the most notable being the studies of Burt in this country and Healy in America. But despite these valuable researches much remains obscure. The great advances made in child psychology during the past decade have however suggested new lines of enquiry and these have been followed in the research reported in this paper. Almost all recent work on the emotional and social development of children has laid emphasis upon the child's relation to his mother. Consequently in this enquiry very great attention was given to the elucidation of the mother-child relationship in each and every case. Not only was the mother's conscious attitude taken into account but also her unconscious attitude. Thus in several cases sympathetic discussions with the mothers of the children revealed that their apparent love for their child was only one aspect of their feelings about him. Often an intense, though perhaps unadmitted, dislike and rejection of him also came to light. Furthermore very careful enquiries showed a remarkable proportion of children who, for one reason or another, had not lived securely in one home all their lives but had spent long periods away from home.

A systematic enquiry into such factors as these has suggested that they are an important key to explaining the origin of delinquent character.

Another set of phenomena which has probably received too little attention in the past has been the occurrence of emotional traumas during the first decade of life. Death and illness in the family mean far more to children than most grown-ups conceive possible. Amongst the children described here is at least one whose life seemed to have been ruined by a dramatic and tragic episode in her ninth year. Here again it was only the knowledge that such events are important and must be systematically enquired into which led the investigator to discover the nature and full implication of events which had occurred over three years previously. The fact therefore that observations such as those reported here are not found if old case-records of similar patients are perused is neither here nor there. My experience has shown me again and again that if these factors are not looked for they are not found, and that as in any other branch of science trained and experienced observers are essential.

The enquiry reported here was carried out at the London Child Guidance Clinic during the years 1936–39.[2] The procedure was as follows. On arrival at the Clinic the child was given mental tests in which not only his intelligence was assessed but the examiner was at pains to note the emotional attitude in which the child approached the tests. Whilst the child was being tested, a social worker was taking a preliminary psychiatric history of the child's life. At the end of this hour reports were made by both the psychologist and the social worker to the psychiatrist, who then interviewed first the child and finally the mother. At the end of this two-hour examination by three people, a case conference was held in which information and impressions were pooled and also school and other reports considered. A tentative diagnosis was then made. In the great majority of cases, however, many further interviews were arranged, in which the child was given psychotherapy by the psychiatrist and the mother talked over her problems with the social worker. In many cases weekly interviews of this character continued over six months or more. During these interviews a great deal of further information came to light and often factors of very great importance, such as the complexity of the mother's attitude to the child, only became known after weeks of sympathetic discussion with a skilled worker.

Such a method enables a few score of cases to be investigated fairly intensively. Admittedly it is not possible to go into the psychopathology of more than a few in the detail which psycho-analysis demands. On the other hand, the significance of factors discovered can be tested by statistical methods, a procedure which has hitherto been lacking in analytic researches. The method also avoids the pitfalls which are inherent in the larger but less intensive investigations. Since sufficient trained research-workers are not available to investigate hundreds of cases, it is impossible on such numbers to obtain accurate data on those factors which this research suggests are of impor-

[1] The Home Office Report on Persistent Offenders states that in 1930 there were 39,000 persons sentenced to imprisonment. Of these over 20,000 had been in prison before, no less than 9,200 having served five or more sentences.

[2] The research was begun during my tenure of a Commonwealth Fund Fellowship in Psychiatry. My thanks are therefore due to the Commonwealth Fund and also to many colleagues for their help in the collection of the clinical material. Dr. H. Edelston and Dr. K. Soddy helped me in the psychiatric examinations; Mrs. Elvin and Mrs. Hamilton in the psychological testing; Miss C. N. Fairbairn, Miss E. M. Lowden and others in the taking of case histories and investigation of parental attitudes. Without their help the clinical material could never have been obtained. I am also indebted to Miss B. R. Hinchliffe for her kindness in helping me abstract relevant data from some very bulky case-records and to Dr. William Moodie, Medical Director of the London Child Guidance Clinic, for giving me permission to publish the material.

tance—i.e. the emotional influences within the home which affect the development of the child's object relationships. Unless home conditions are investigated at least as carefully as was done in this enquiry, conclusions regarding their influence are likely to be so inadequate as to be misleading. Furthermore delinquency, like any other symptom, may be the presenting feature of many different syndromes. Little light will be thrown on any one of these syndromes if all of them are mixed together, no matter how many thousands of cases are considered or how elaborate the statistical technique.

These defects seriously limit the value of the very comprehensive survey recently published by Carr-Saunders, Mannheim and Rhodes (5), defects which of course the authors clearly recognize. In their analysis of factors conducing to delinquency all types of delinquent are considered together and no differentiation is made between delinquent characters, stray offenders and other types. As a result, trends which would perhaps have been highly significant had different groups been treated separately may well have become obscured or even obliterated.

Conversely a limited enquiry of the type here presented is also inadequate in itself. It needs to be extended both in numbers and in intensity. Several more carefully selected groups of 50 to 100 cases need to be investigated in a similar way, whilst a few individual cases, chosen as being typical of particular groups of case, need to be analysed in detail. Only such a comprehensive and planned research by a team of workers over a long period will lead to the understanding of these problems and rational attempts to remedy them.

(II) CLINICAL MATERIAL

(1) *Source of Referral*

The clinical material of this enquiry consists of 44 consecutive cases of children in whom stealing was either a serious or a transitory symptom. They are thus an unselected group of thieves who had been referred to a Child Guidance Clinic. Only a minority of them had actually been charged in Court. The sources from which they came were as follows:

TABLE I

Source of Referral

Source	No.
School	22
School at Parents' Request	2
Parents direct	8
Court at Parents' Request	3
Probation Officers	9
Total	44

Salient features of the 44 are set out in Table II.

Though these cases are fairly representative of those who come to a Child Guidance Clinic, they are by no means typical of delinquents who come before the Courts. In the first place 11 of them are under age to be charged. In the second there is naturally an undue proportion of chronic delinquents. The material, therefore, whilst permitting us to draw conclusions regarding the origin and nature of chronic delinquency in children of adequate intelligence, does not permit of conclusions regarding the problem of delinquency as a whole. Before any such conclusions could be drawn we should require to know what proportion of children coming before the Courts were of the different types here described.

(2) *Control Group*

In order to assess the relevance of psychiatric findings in the 44 thieves, I have compared them with 44 other children whom I have seen at the London Child Guidance Clinic. These children are an unselected series of cases who did not steal and whose age and intelligence fell between the upper and lower limits of the delinquents'. A number of children under five were therefore excluded and also two children who were low-grade defectives.[3]

The chief value of this particular control group is that it enables us to distinguish features which are characteristic of thieves from those which are common to all maladjusted children. The study would of course be of very much more value if a third series of ordinary school children could have been compared against these other two.

(3) *Age*

One of the principal reasons for so few of these children having been charged was their age. Fifteen were under 9 years old and half were under 11 years. Only one of the children under 11 had been charged.

[3] Neither thieves nor controls are strictly representative of Child Guidance Clinic cases, because no institutional children are included in either group. This was the result of special circumstances, but has two advantages: (i) the psychiatric picture is not obscured by institutionalism; (ii) full histories could be obtained from parents or others who knew the children really well.

TABLE II

The Clinical Material

Case Number	Name	Age	I.Q.	*Degree of Stealing	Character Group
1	Claud W.	16.0	—	II	Emotionally Normal
2	Clifford H.	8.5	149	II	,, ,,
3	Lily T.	11.3	75	III	Depressed Character
4	Fred B.	13.6	78	I	,, ,,
5	Winnie P.	13.9	—	IV	,, ,,
6	Denis H.	14.8	143	III	,, ,,
7	Walter N.	11.4	157	II	,, ,,
8	John M.	7.2	92	II	,, ,,
9	Edward G. L.	14.3	98	II	,, ,,
10	James S.	12.8	114	III	,, ,,
11	Kathleen P.	7.8	120	II	,, ,,
12	Audrey H.	12.0	159	III	Circular Character
13	Ivy B.	13.4	113	III	,, ,,
14	Alma M.	9.9	91	IV	Hysterical Hyperthymic
15	Monica P.	12.0	119	I	,, ,,
16	David J.	9.7	151	I	Cheerful Hyperthymic
17	Leslie M.	10.4	131	II	,, ,,
18	Headley J.	14.0	128	II	,, ,,
19	Patricia C.	9.9	121	III	,, ,,
20	Ronald H.	7.0	129	IV	,, ,,
21	Leo W.	12.10	104	IV	,, ,,
22	Winnie E.	7.3	112	IV	,, ,,
23	Edward N. L.	8.8	93	I (IV)	Aggressive Hyperthymic
24	Raymond G.	8.10	96	IV	,, ,,
25	Reggie S.	8.6	108	III	,, ,,
26	John S.	9.4	96	IV	,, ,,
27	Betty I.	5.7	104	IV	Affectionless Character
28	Derek B.	6.0	125	IV	,, ,,
29	Raymond E.	6.3	92	IV	,, ,,
30	Norman K.	7.8	—	IV	,, ,,
31	Nansi F.	7.10	111	IV	,, ,,
32	Kenneth W.	10.6	109	IV	,, ,,
33	Arthur L.	11.6	112	IV	,, ,,
34	Derrick O'C.	11.6	112	IV	,, ,,
35	Gordon B.	12.0	103	IV	,, ,,
36	Marjorie D.	12.3	135	IV	,, ,,
37	Kenneth G.	12.11	86	III	,, ,,
38	Albert J.	9.4	98	IV	,, ,,
39	Roy D.	7.6	107	IV	,, ,,
40	Charles K.	13.2	122	IV	,, ,,
41	Rosemary B.	16.2	—	III	Schizoid
42	Peter S.	8.10	102	III	Schizophrenic
43	Alan E.	9.6	140	IV	,,
44	Edward N.	15.0	94	IV	,,

* I = only one theft, II = a few thefts only, III = irregular mild pilfering over a long period, IV = persistent and serious stealing, in most cases over a long period.

The age distribution was as follows :

TABLE III

Distribution by Age

Age	Thieves	Controls
5.0– 6.11 . . .	3	11
7.0– 8.11 . . .	12	6
9.0–10.11 . . .	8	8
11.0–12.11 . . .	11	10
13.0–14.11 . . .	7	8
15.0–16.11 . . .	3	1
Total . .	44	44

It will be seen that the two groups were similar in age distribution, except in the two lowest age-groups, where there was an excess of young children amongst the controls.

(4) *Sex*

There were 31 boys and 13 girls in the group, whilst in the controls the balance was even more heavily tipped towards boys, of whom there were 34 against 10 girls. Neither of these figures is quite characteristic of the clinic intake as a whole, which is in the region of 60 per cent. boys and 40 per cent. girls. Nor is it typical of delinquents charged in Court, where the ratio is about ten boys to one girl.

(5) *Intelligence*

All except four of the thieves and three of the controls were tested on a revision of the Binet Scale, the results being as follows :

TABLE IV

Distribution by Intelligence

I.Q.	Thieves	Controls
130 and over . .	8	6
115–129 . . .	7	14
85–114 . . .	23	18
70– 84 . . .	2	2
69 and under . .	—	1 (68)
Total . .	40	41

The four thieves who were not tested were believed to be of about average intelligence.

It will be seen from these figures that the average intelligence of both groups was above the average for the population and that almost one-third of each group was of exceptionally high intelligence.[4] The two thieves who were of dull intelligence were both of chronically miserable and neurotic character. One child (No. 3, Lily T.) had a drunken and cruel mother, the other (No. 4, Fred B.) had a mother who was extremely anxious and ' up agin' ' everyone. It seemed that the low intelligence was only a minor factor compared to others in causing the delinquent behaviour.

In this particular group, therefore, low intelligence may be ruled out as an ætiological factor.

(6) *Economic Status*

Most unfortunately this was not specially investigated, but a general impression of the cases suggests that there were relatively few who were dependent on support from public funds and many were comfortable. The economic status of the thieves was similar to that of the controls.

(7) *Amount of Stealing*

It is difficult to give a clear picture of the amount of stealing in which these children had indulged and it is rather artificial to divide it into categories. In 22 cases, half the total, it was chronic and serious thieving which in the majority of cases had been going on for long periods (Grade IV in Table II). Seven of them had stolen for three years or more before being referred and eleven more for over one year. The four in this grade who had stolen for less than a year were all under seven years of age. In ten cases there had been persistent but irregular mild pilfering over a longish period (Grade III). In another eight there had been a few thefts only (Grade II) and in four only one theft (Grade I). Of these twelve less chronic cases, one (No. 23, Edward N. L.) subsequently turned out to be a persistent thief. It will be seen then that we are dealing here principally with habitual thieves. The fact that we are studying mostly chronic delinquents has many advantages, the principal one being that our findings will not be diluted by the inclusion of material derived from casual and stray offenders. The latter, in the majority of cases, are fairly normal children, who are not the serious problem in delinquency, since they respond readily to simple methods of treatment. As previously remarked the mixing of different types in any one investigation tends to obscure the ætiological factors in all.

(III) CHARACTER TYPES

INTRODUCTION

The children who appear at a Child Guidance Clinic are as varied in character and motive as children coming to a hospital are varied in the

[4] I.Q.s of 115 and above are only found in 16 per cent. of the population. This bias in favour of intelligent children is to some extent characteristic of the clinic intake. If a child is dull this is taken as sufficient explanation of the trouble, whereas if the child is intelligent it both puzzles the layman and also makes him more inclined to take trouble over the child.

diseases from which they suffer. Before any satisfactory work upon the causation of symptoms such as fever or rash can be carried out, an attempt at classification and diagnosis is essential. No good can come, for instance, from attempts to study the course of fever in an unclassified group of children whose one point in common is abnormal temperature. In the same way statistics and conclusions regarding the cause of juvenile delinquency will remain unsatisfactory and obscure so long as no attempt is made to classify types of delinquents and to study each type separately.

Once the urgent need of a classification of juvenile delinquents is recognized, the question arises of what principles should govern such a classification.

In the psychiatric examination of young delinquents the most striking differences between them are to be found in the personal make-up or character of the delinquent. Some are normal human beings who have been found out in an exceptional moral lapse, some are children who have suffered a severe emotional shock, such as bereavement, and are thrown temporarily off their balance, whilst others have been unstable characters or hardened criminals for a number of years. It is true that, owing to the infinite variability of human character, many intermediate types exist, but this fact does not invalidate the conclusion that certain categories of character can be distinguished which differ radically from one another in present nature, past history and future destiny.

An adequate classification of character and neurotic problems in childhood has yet to be constructed. Elsewhere (2) I have made suggestions for the classification of abnormal personality and neurosis in adults and emphasized the varied clinical pictures which each basic type may present. The situation in childhood is far more complex, since in the early years even the basic personality pattern may not have emerged clearly. In several of the children considered here there was evidence that traumatic happenings even as late as between the fifth and tenth years had produced emotional reactions which, without treatment, were likely to influence to a profound degree the whole development of their personalities. When, as in some cases, the child was seen some years after the event, the general direction of the resulting character development was often clear. But where, as in other cases, the trauma was recent, further character development was not always easily foreseen. These remarks apply particularly to the group of patients described here as Depressed.

Failing an adequate classification, I have used a relatively rough and ready division of the patients into some six main groups. A brief description and the number of children falling into each are given in Table V.

TABLE V

Distribution of Thieves by Character Type

Character Type	Description	No.
A. 'Normal'	Children whose characters appear fairly normal and stable	2
B. Depressed	Children who have been unstable and are now in a more or less depressed state of mind	9
C. Circular	Unstable children who show alternating depression and over-activity	2
D. Hyperthymic	Children who tend to constant over-activity	13
E. Affectionless	Children characterized by lack of normal affection, shame or sense of responsibility	14
F. Schizoid	Children who show marked schizoid or schizophrenic symptoms	4
Total		44

In the first place it is to be noted that only two of the 44 thieves were diagnosed as normal characters, and even these two had a few characteristics which showed instability. The remaining 42 had abnormal characters and without treatment of some kind would be very likely either to continue to cause social trouble or to develop psychoneurotic or psychotic symptoms in later life. The diagnosis in every case was founded upon a very careful examination of the child's personality both in its present state and in its past states.[5]

Of the many sources which contribute to this picture undoubtedly the most valuable is the intimate description given of the child by his near relatives. School reports vary in value. An observant mistress will often give most illuminating reports but others give reports which are useless. Probably the least valuable though none the less essential sources of information were the psychological and psychiatric examinations of the child. The difficulty is that at examinations of this kind children are on their best behaviour and so mask much of their true natures. The majority of children are deliberately concealing much of the information which we require and it often takes a very perspicacious psychiatrist to see the relevant signs in a first interview. Precisely the same difficulty is experienced with adults who are brought to the psychiatrist more or less unwillingly. For this reason I regard my own preliminary

[5] A routine physical examination was not undertaken. In the few cases where an organic lesion was suspected investigation proved negative.

psychiatric impressions of a child with some suspicion. Sometimes of course one gets a clear impression. The child for instance may be over-talkative, boastful and show all the signs of a hyperthymic personality, or he may be obviously depressed. But a large number of the children, perhaps half, at their interview appeared fairly normal. This impression is grossly misleading in a majority of cases and if taken seriously results in disastrously erroneous diagnosis. For this reason I habitually ignore my psychiatric interviews when no positive signs of disorder have been found and base my diagnosis on the reports of the mother and teacher. It has often been on a consideration of these reports, whose veracity I am naturally at pains to check both by comparing one against the other and also by their internal consistency, that I have formed the opinion that the characters of the thieves in this series were abnormal. In the many cases where further work has been done this course has always proved justified. In future, of course, the use of projection tests is likely greatly to enhance the value of the clinical examination.

This conception of abnormality is naturally not confined to obviously anxious or hysterical characters. There are certain obsessive and perfectionist children who are regarded with admiration by their parents and teachers, but whom psycho-analysts have no hesitation in regarding as abnormal, if only because of their great susceptibility to develop somatic symptoms such as stammer or headache and also depressions of every degree of intensity. Another type of child who is often thought to be anything but neurotic is the happy-go-lucky boastful dare-devil. Were it not that these children are unable to adapt to any form of authority and are sometimes clearly suicidal, we might agree with those who speak of their normality; but the evidence pointing to intense internal anxiety and guilt in these hypomanic personalities is too conclusive to be ignored. If further evidence of the essential instability of these two types is required it may be found in the fact that about 75 per cent. of patients suffering from a form of the affective psychosis have previously had personalities of these kinds (2).

It will be useful now to discuss each diagnostic group in turn, bearing in mind that the object of diagnosis is to aid prognosis and treatment.

Group A. 'Normal' Characters

Only two children seemed even reasonably normal on the criteria advanced here.

No. 1. Claud W.

Claud was 16 when referred to the Clinic by a Probation Officer. He had been charged in Court with breaking open the gas meter in his home and had been put on probation.

History. Claud was the second of three children. The first, a girl of 21, was by the mother's first husband; the second, Claud, was by her second husband; the third, a boy aged 8, by a man with whom Mrs. W. had lived unmarried for a number of years and with whom she was still living. Claud's early years seem to have been normal although there had been some enuresis for a time. He had lived all his life with his mother but when he was about 7 she had divorced his father. It was not known how long the marriage had been unsatisfactory prior to this time. After divorcing her husband Mrs. W. went out to work to earn money, leaving the boy with a friend during the day. For some years another man to whom she was not married had been living with her.

At the time of referral his mother was in a good post and away all day. It appeared that she nagged Claud a great deal and took three-quarters of his weekly earnings. When he was younger she had punished him severely: for example, she would keep him in bed for two or three days at a time. Recently she had found that she could not assert herself over him and had complained that he was getting out of hand. They had frequent rows in which she became angry and would throw things at the boy. The man with whom she was living was said to be kind to Claud although sometimes he threatened to thrash him.

Personality. Claud was said to be sociable and friendly and to keep his friends. He got on well with his younger brother and enjoyed playing with him. Towards his mother, however, he was always sullen and unfriendly. At times he would have fits of depression, during which he would sit at home and read, refusing to attend clubs. During the previous year he had had as many as ten jobs, having been discharged from one or two on account of playing about and being cheeky.

Stealing. Stealing had begun soon after he left school at the age of 14. During this year he had become increasingly difficult and disobedient to his mother. He had stolen only from his mother. He had broken open the gas meter, twice taken small sums from her bag, and since being put on probation had taken three shillings from his mother's money-box.

Examination. He was not given an intelligence test but he seemed to be of about average intelligence. He appeared a bit solemn, but was straightforward and honest in his manner. He discussed his situation at home without undue malice. He described his mother's temperamental behaviour, her irregular demands on him for his earnings, and her tempers. On one occasion when she was angry with him for giving up his job she refused to give him anything to eat. Her only concern was that he should take a job where there was good money, irrespective of its prospects. When he was younger she had insisted on his helping in the home and had refused to allow him out to play.

After being in a hostel for a few months he appeared a much happier boy, and seemed to be

getting along well. He saw his mother from time to time but was in no hurry to return home.

Diagnosis. Information about his personality was inadequate and it is possible that there was permanent emotional disturbance. It was thought more likely, however, that he was a case of fairly *Normal Character* reacting to adverse home circumstances.

The other child in this group, No. 2, Clifford H., may be described more briefly. He was 8.5 and had an I.Q. of 149. He was brought to the Clinic by his mother because he had on one or two occasions stolen pennies from school and once from his mother's bag. Although nervous and afraid of the dark, this boy appeared for the most part happy, active and affectionate, enjoying school work and doing well at it. The stealing almost certainly had deep roots and the child was not as stable as the majority of children, but it was felt that the instability was slight compared with the other children in the series.

From the description of these two children as normal, it will be observed that the standard of normality is not being set unreasonably high.

Group B. Depressed Characters

Under this heading are included children who appear to be either of a generalized depressive personality or else suffering from a more or less defined depressive breakdown. Such children are commonly 'introverted' and might even be called 'shut-in'. But to conclude from this that they are necessarily schizoid is a mistake. As I have shown elsewhere (2) upwards of 50 per cent. of patients who develop an affective psychosis have previously been of 'introverted' personality. Actually it is extremely difficult even in adults to distinguish between the shut-in depressive and the shut-in schizoid, and at present this task is often impossible in children. My own practice is never to diagnose a case as schizoid unless there are certain clear indications, such as thought disorder, bizarre phantasy inappropriate to the child's age, peculiar behaviour or unusual obsessions. A schizophrenic heredity is also suggestive in certain cases. Consequently in this group of Depressives, a few potential Schizophrenes may be included. Those whom I have myself suspected are No. 4, Fred B., No. 6, Denis H. and No. 9, Edward G. L.

For the purposes of discussion it is convenient to divide the depressed children into two classes :—

(i) Children who are of a timid, inhibited and vaguely miserable character, but who are not seriously depressed.

(ii) Children who are suffering from considerable depression, the condition having had a definite onset, usually following a distressing event. Many of these children have been relatively cheerful before the disturbing event but signs of previous instability have usually been present in the shape of an excessive fear of failure and a consequent anxiety to excel and earn approval.

(i) Of the five children in the *timid and inhibited group* two (No. 3, Lily T. and No. 4, Fred B.) were of low intelligence, being the only children with I.Q.s below 85.

No. 3. Lily T.

Lily was 11.3 when referred to the Clinic by the School Authorities for stealing money from her teacher.

History. She was the fourth of seven children, the eldest being a boy of 16 and the youngest a boy of 8 months. The third child had died when 7 months old. Lily had been unwanted and had cried a great deal as a baby. When 9 months old she was sent to a fever hospital with measles and whooping cough and was there six weeks. On her return she was a bit subdued and strange and did not seem to know her parents, who had not seen her during the period in hospital. She had appeared to get used to them a few days after returning, however, and did not seem permanently changed in any way. Apart from this she had always lived at home. The mother had long been known as a shiftless woman who drank and smoked heavily. She had a bad temper, often shouting at the children, and had attempted to cure Lily's stealing by frightening her that she would be put into a home until she was 18. Lily, being the eldest girl, was expected to do a great deal in the house. The parents were believed to quarrel frequently. An elder brother aged 14½ had recently stolen a bicycle and been put on probation.

Personality. Lily had always been a miserable and frightened child. She showed a good deal of affection, however, loving the baby and helping her mother with him. Towards the sister immediately younger she was variable, sometimes being friendly and sometimes getting into a temper and sulking. She was also variable in her attitude to her mother, often helping with the housework but at other times being unwilling. She liked school, made friends, and had at least one close friend. She spent most of her spare time in the streets just mooning about. She was very slow and dreamy and took hours to do things. Her mother described how she sometimes got 'miles away' which made her feel 'creepy'. She had, however, never noticed anything queer or bizarre in her behaviour. She disliked her parents quarrelling and told them to stop. She had no specific fears. At school she was said to be well-behaved but showed no responsibility nor initiative.

Stealing. Lily had been suspected of dishonesty in school for some time. The only occasion when she had been caught she had been left alone in the classroom and 8*s.* 9*d.* was missed from the teacher's desk. With this she bought a pair of skates, telling her mother that she had got the money from run-

ning errands. Her mother, who was a bad witness, alleged that Lily had during the past two or three months kept the change when sent to buy cigarettes and had taken coppers from the home.

Examination. She was found to have an I.Q. of 75. She appeared an unhappy and bewildered child but answered confidently when she knew the right answer. When she did not know she gave the characteristic much elaborated answer of the dull child. In a psychiatric interview she gave the impression of being 2 years younger than her age, looked very pathetic with a downcast expression and answered only in whispers. When asked to do a drawing she preferred an abstract design to a picture.

Diagnosis. This child appeared *chronically anxious and depressed,* owing presumably to her mother's unremittingly hostile and threatening attitude towards her. Bad economic conditions and a low intelligence complicated the picture.

No. 4, Fred B., was a boy of 13.6 with an I.Q. of 78. He had been guilty of episodic stealing, working under the influence of others. Since the age of 2 years he had been nervous and timid, letting even his younger brother bully him. He was very self-critical and it was said 'would not hurt a fly'. At the age of 11 he had been in hospital for 'nerves'. Home conditions were bad and the parents did not 'get on well'. His mother was an anxious woman, full of criticisms of everyone, who shouted at the children and terrified them.

The remaining children of this sub-group were of average or good intelligence.

No. 5. Winnie P.

Winnie was 13.9 when referred to the Clinic by her school-mistress for stealing in collusion with an older girl over a period of one or two years.

History. Winnie was an only child. There was nothing of note about her early years except for 'periodic bilious attacks'. She had always lived at home with her mother and father. Her mother had been a sensitive and reserved woman. When Winnie was 12 she began getting delusions about the deeds of a house which they were buying. Later she became hallucinated and was sent to a mental hospital where a diagnosis of Involutional Melancholia was made. The father was quite a pleasant man but with very little emotional contact with either his wife or child.

Personality. Winnie had always been reserved and reticent, never telling her father anything about her doings. She had never put herself out to do any housework for her mother, preferring to lie in bed. At school she had played about and wasted her time. Never particularly attached to her parents, she was not completely lacking in affection and had been genuinely upset over her mother's illness. She was very sensitive, cried a lot when her father wanted her to do housework, and often moped. She had no special phobias and never showed hysterical behaviour. She had been a bit deceitful from time to time and got money from her parents on false pretences for school outings, etc. She then went to West End cinemas on the proceeds. Recently instead of cinemas she had spent the money on make-up. She had always been constipated, her father showing an obsessional concern over this symptom. She had had patches of alopecia on and off for 4 or 5 years; the first attack had followed an accident to a friend who was run over by a motor-cycle when they were playing together. Winnie had been upset at first over her mother's illness, but she had not pined for her although she sometimes called out for her mother in her sleep.

Stealing. This had been going on for at least a year, and seems to have preceded her mother's illness. It was always done in association with an energetic and dominant older friend. This girl usually did the stealing whilst Winnie acted as look-out. They stole principally from the cloak-room at school.

Examination. She did not have an intelligence test but appeared to be of average intelligence. She was a quiet dark girl. She was apt to avert her eyes but did not appear specially nervous and gave information about the stealing quite openly. She maintained that the stealing had begun because her friend, who was evidently of a rebellious temperament, had been given no pocket-money by her parents. They spent the money on sweets and fruit. She had always dreamed a great deal, mostly terror dreams in which she was very frightened. There were murders and she herself was frequently killed.

Diagnosis. This girl seemed to be of a *chronically and mildly Depressed Personality.* Heredity on the mother's side was bad, and it was not unlikely that the mother's attitude towards Winnie had also been unfavourable.

No. 6, Denis H., had a somewhat obscure history. He was aged 14.8, and had an I.Q. of 143. He had been an only child up to the age of 8 when a brother was born. He then changed from being a cheerful and popular child to being reserved, depressed and secretive. Although not very active he had an obsessional need to repeat any piece of work which he had done. About a year previously he had been charged, together with some other boys, with stealing cigarettes. It was his first offence and he was put on probation. This incident however seemed seriously to have upset him, as he had become increasingly depressed and thenceforward had truanted persistently from school. It appeared that he genuinely attempted to go to school but could not bring himself to go in, the condition appearing to be phobic in character. During this period there had been persistent minor pilfering which had been unknown before the Court charge.

In Case No. 7, Walter N., a boy aged 11.4 with an I.Q. of 157, the sequence of events was also not very clear. His mother had died when he was 6.8 and for the next two years he had lived with a grandmother. When he was nearly 9, his father re-married and had the boy home. The stealing of coppers from his stepmother and elder sister, and of books from the school library, had only been going on for a year. His general condition however had been mildly depressed for a considerable time. He spent much of his time reading, played little and made no friends. He was excessively anxious to please, over-conscientious and nervous. It seemed likely that his mother's death and the subsequent changes were partly or wholly responsible for his condition.

The extent of the stealing in these patients had not been very considerable. Only one, No. 5, Winnie P., had been guilty of regular and serious stealing, but this was given up when she was separated from her friend. It did not appear that any of these cases was likely to become seriously delinquent.

(ii) There were four children who had developed relatively *severe and well-defined depressions.* In one case this had followed the mother's death and in two other cases the mother's serious illness. In the fourth a double promotion at school with consequent difficulty in excelling had precipitated the depression.

The sequence of events was particularly striking in Case No. 8, John M. He was a boy aged 7.2, I.Q. 92. Nine months previously he had been present during his mother's confinement. There had been severe hæmorrhage, and eventually his mother had been taken to hospital in a collapsed condition, the patient obviously believing her dead. From having been a fairly cheerful, excessively helpful sort of boy, he then became miserable and apathetic, disobedient and spiteful. He also developed headaches and screaming fits in which he would throw himself on the floor.[6] During this period he stole pennies and halfpennies from the teacher's desk at school. On his mother's recovery and return from hospital all these symptoms cleared up, but there remained, of course, many neurotic traits in his character.

No. 9. Edward G. L.

This case may be given in greater detail. Edward was 14.3 when referred to the Clinic by the Court, having been charged with stealing tinned groceries from his employer's shop.

History. He was the ninth child out of a family of eleven, all of whom were living. His mother being dead, there was inadequate information regarding his early years, but it appeared that they had been normal and that he had not been away from home.

When he was 5 his father was killed in a railway accident and when he was 12 his mother died of a rapid consumption. Soon after this he went to a schoolboys' camp, where a clergyman and his wife took a fancy to him and invited him to stay with them. Here he was given board and lodging in return for housework. He liked this at first but later found the housework, which he had to do in addition to his school work, too hard and wanted to come home. After remaining nearly two years and being then 13.9 he returned and lived with his sister. Three months later he left school and was found a job as errand boy to a grocer, having himself wanted work in an aeroplane factory. After a week in employment he was charged with stealing.

Personality. It appeared from his sister's account that prior to his mother's death and his stay with the clergyman he had been cheerful and joined readily in games and so on. During the past few months however, since his staying with her, she had noticed he was very quiet and reserved, showing little feeling and only talking when spoken to. He did not join in things as before and only went to the pictures if taken by her. He had no friends and spent his time reading. He was sympathetic to anyone who was ill and helpful in the house without being asked. Particular about his appearance, he pressed his clothes himself. At various times he had been surprised behaving strangely and making grimaces in front of a mirror.

Stealing. About two years previously he was mixed up with some bad companions and got involved in an episode in which some ties and collars were stolen from a shed. Whilst away from home with the clergyman, he had committed various thefts, taking such articles as a nail-file, needle-case and medallion, things which appear to have been no use to him. He would deny that he had ever seen the articles, but he made no attempt to hide them, just putting them in his drawer. Finally, a week after beginning work as a grocer's errand boy, he and his nephew, aged 12, stole a few tins of beans and pineapples from the shop after closing time. They were immediately caught by a policeman. He was put on probation for 2 years, but within 6 months had been charged again for breaking into a pavilion. He never seems to have stolen money.

Examination. He had an I.Q. of 98, but scored consistently better on the manipulative tests. He was co-operative and attentive, but somewhat inhibited. In the psychiatric interview he was quiet and very depressed. When his mother was mentioned he wept, saying that he often thought of her and missed her very much. He was tearful and self-reproachful about the theft, which he claimed he had planned out of bravado. No symptoms of schizophrenia were detected.

Diagnosis. This boy was undoubtedly *chronically*

[6] Depressed children are frequently referred to a Clinic for disobedience or temper-tantrums, the depression often going unrecognized.

depressed and seems to have been so since his mother died two years previously. A slowly developing schizophrenia could not be ruled out.

No. 10. *James S.*

James was 12.8 when referred by his schoolmaster for stealing and lying. This had been going on for nearly three years. He had also been very depressed.

History. James was the second of two children, there being a girl four years older. He was a wanted child and he was described as having been a healthy, happy baby. His father, however, had developed T.B. during his wife's pregnancy and, owing to his incapacity to earn, Mrs. S. had started going out to work when the baby was 18 months old. After six months of this her husband died and she lived at the business whilst James was looked after by strangers. (The elder girl, then aged 6, went to the maternal grandmother, where she had stayed ever since.) Mrs. S. visited James once a fortnight and in this way got to know the son of the house, whom she married when James was five. This man, Mr. T., had been 'like an uncle' to James, who adored him.

From the age of five onwards James had nominally lived with his mother and stepfather, but, owing to his mother's numerous illnesses, he was in fact away from home much of the time. For instance, soon after re-marriage his mother had a serious miscarriage, after which she was very depressed. Later she had an appendicectomy and, when James was 8½, a hysterectomy. During these periods James was sent to his maternal grandmother, where his sister was safely ensconced, the longest period he was away being 14 months. The last occasion had been some 3 years previously when he was away for 2 months because his mother was again in hospital. It was after his return from this absence that all the trouble began. 'Jim had altered so: an entire change.' He seemed to feel unwanted, was jealous and resentful of his sister's happy regular life with their grandparents. He became morose and unhappy.

The mother seemed a kindly woman who appreciated James's condition to some extent. She was, however, sentimental and full of self-pity. The stepfather was absolutely relentless about children lying and having a sense of gratitude to their parents. He had consequently been severe with James. His own father had been alcoholic and he had had a hard life himself.

Personality. Prior to this last absence James had been reasonably happy and affectionate. But since he was ten he had been depressed and moody, resented affection being shown him by his mother and expressed little towards her himself. On the other hand he was very fond of animals and young children. He complained that everyone was down on him, that he could do nothing right and that his mother nagged him. He had even threatened to write to the N.S.P.C.C. about her. On one occasion recently, when his mother went for him about his bad school report, he had become hysterical. He was very seclusive, 'shut in on himself', and his mother never knew what he was thinking about, except that he was obviously miserable. He had a few friends but was always changing them. He did not seem interested in his school work. He had wet his bed until two years previously.

Stealing. The stealing had begun simultaneously with the depression. His first offence was to take a few pennies from his mother's purse. He admitted it at once and she told him that if he asked for things he would be given them. Soon afterwards, however, his mother found articles from Woolworth's and Marks and Spencer's which he had pilfered with another small boy. He denied this and, since his father could not bear lies, he was thrashed. His mother thought he was being badly influenced by other children and they moved to another district. There does not seem to have been any more stealing for a time, but then he began further minor pilfering and repeatedly used the 4*s.* given him on Mondays for school dinners for buying sweets, despite his 6*d.* per week pocket money. He went without the school dinners. He could not bear to be found out and lied persistently, especially to the stepfather.

Examination. On tests he had an I.Q. of 114, though this may not have been accurate as there was a scatter over a range of 8 years. He showed great concern to get the tests right. For example, he was afraid lest every line should be unsatisfactory unless he connected it and reconnected it, and continued in a blind way to make his plan for finding the ball in the field more and more complicated and theoretically more thorough. He looked very depressed and had a generally hopeless attitude towards school work. In the psychiatric interview he again appeared depressed, spoke in a lifeless and uninterested voice and ventured nothing spontaneous. He talked a little about his stealing but showed little emotion. He admitted he was often very miserable.

Diagnosis. This boy was suffering from a *Chronic Depression*, a reaction apparently to his mother's illness and his being sent away. It seemed probable that his very unsettled early life had predisposed him to emotional disturbance.

No. 11, Kathleen P., was a girl of 7.8, who had an extremely neurotic mother. This child had an excessive need to excel and worried greatly about her school work, at which in the infants' department she had been conspicuously successful owing to her I.Q. of 120. About six months previously she had been moved up into the junior school. On account of her ability she had jumped a class and consequently found the work difficult. She at once developed anxiety about her work and symptoms

of depression. She became dull, timid, irritable, cried a great deal and would not eat. She began pilfering from school and misappropriated money given her by her mother. Later, when she began to find her feet at school, all the symptoms, including the stealing, cleared up.

In these four cases the stealing appeared as a sympton of depression, coming on with the other symptoms of depression and in two cases clearing up with them. In all of these cases the event which precipitated the symptoms seemed clear. In most of them there was good evidence that before it the child had been unstable. At least three of them were known to have been excessively anxious to please and extremely sensitive to criticism and failure. In only one of these cases could the stealing be regarded as regular and serious. In No. 8, John M., No. 9, Edward G. L. and No. 11, Kathleen P., it consisted of a few thefts only; No. 10, James S., had been stealing for a longer period, although not very heavily.

Group C. Circular Characters

There were only two children of this type. In both there was evidence of their having suffered from much depression in the past, but when seen they were in a mixed state, depression co-existing with boastfulness and romancing. A study of their histories, which are given in full, suggests that if they had been seen some years previously both of them would have been diagnosed as Depressive.

No. 12. *Audrey H.*

Audrey was 12.0 when referred by her schoolmistress for pilfering and romancing. The pilfering had been going on for two years and her romancing was on such a scale that the police had been called in and no one could tell whether she was telling the truth or not.

History. Audrey was the eldest of four children, the second, Peter, having been killed four years previously at the age of 5. The other two, both boys, were 4 and 3 respectively. She was a wanted child and her early life was uneventful. She lived always with her parents and was never in hospital until the age of 7 when she was operated upon for mastoid. At about this time the maternal grandmother, who lived close by and who petted Audrey a great deal, died. Audrey was devoted to her and was much upset by her death.

Audrey was 8 when Peter was killed. The two children were out with their mother shopping. They had been given pennies to buy sweets and the two of them crossed over the street to buy from a barrow, the mother remaining behind. Peter, very excited with his sweets, waved to his mother and, letting go Audrey's hand, began to cross the road. A lorry came round the corner. Audrey and her mother both shouted to him. He hesitated and was caught. The mother fainted. On her own initiative Audrey went to a shop to get a glass of water, but on her return there was a crowd round Peter and she could not reach him. Later she never spoke about him, and when her mother asked her why not she replied: 'I often think about him and hear him speaking, but can't talk about him. I say my prayers about him.'

The relation between Audrey and Peter before he was killed was unknown. The mother was very upset by the boy's death, blamed herself much for the accident and found herself short-tempered with Audrey for a time, but soon after another baby arrived who, she said, took her mind off her loss. She appeared a pleasant, robust type of woman who was very fond of her children. The father on the other hand was quick-tempered and domineering. He blamed Audrey ceaselessly for Peter's death, complained that Peter would have been a pal to him whereas Audrey was not, and maintained that her romances were bare-faced lies. (He had been married previously, his previous wife committing suicide. His own mother had been alcoholic and his father very strict.)

Audrey had done well scholastically, winning a scholarship to a secondary school.

Personality. It appeared that until the age of 8, when Peter was killed, Audrey had been happy and sociable. Since that time, however, she had been listless and mopy, not making friends although wanting them. At meal-times she would take her food and eat it by herself in a corner. She had no hobbies, spending most of her time reading. She was restless, unsettled, slipshod and forgetful. Towards her father she was stubborn and defiant. The romancing had become very pronounced of recent months. About six weeks previously she had been given fourpence to run an errand. She was away a long time and finally returned crying and upset, saying that, with another girl whose name she did not know, she had been carried off in a car by a man who took her money but did not hurt her and eventually set her down. She supplied many circumstantial details and the police were informed, but it was finally believed to have been a phantasy. At school a year previously she had been found hiding other people's property. When her form-mistress spoke to her about this she made a scene, asserting that she was at school under false pretences. In explanation she described how her former headmistress had signed her good conduct certificate, but that this had not been deserved since she had once taken a penny.

Soon after starting treatment at the Clinic her schoolmistress reported another romance. Audrey had told some of the girls that she had had a baby, that her mother had taken her to the doctor and the doctor had said it was not her fault at all as it did not come in the natural way; that she knew the baby was coming three months before and that it was now christened Robert John. Her manner had completely convinced the other girls. Later she had indulged in ambitious phantasies about

becoming a film-star and made up romances about getting stage contracts.

Stealing. This was first noticed when Audrey was 10. She took pennies from other children's pockets at school. The headmistress had written to her mother about it, but Audrey intercepted the letter and replied to it in her mother's name. It came out later that during this period her mother had noticed that Audrey brought various articles home from school, always having a good excuse. She brought home hairbrushes and pencils and hid them away under the bed. Recently she had been stealing pennies and halfpennies quite regularly from the cloakroom at school. She completely denied these episodes but when faced with proofs admitted them, giving as her reason that she was saving to buy food for her two little brothers. This in fact she did, buying buns for one of their birthday teas. (For a short time the family had been in financial straits and going short of food.) There had not been any stealing from home.

Examination. On tests she had an I.Q. of at least 159, but seemed to lack interest or enthusiasm for school work. It was noted that she had a very charming manner. To the psychiatrist she was bright and frank and gave a long description of her stealing. It was 'because we are so poor' and she wanted to do something for her brothers. Her frankness, however, was half-defiant, as after a time she asked when she was to be 'given the lecture'. In other ways also she showed her anticipation of dislike. Thus she had three or four friends at school. 'The rest are civil to me. I don't expect them to be nice after what I've done.' She remarked that she would like a lot of friends, 'but I don't seem to be able to get them'. She did a drawing of 'Marigold and the Squirrel'. Underneath was written 'By an amateur drawer'. It depicted a little girl rolling a hoop across a road. Behind her was a pram, a tree and a squirrel. The story was that the squirrel stole a nut from the little girl. Then the little girl gave him a nut every day. Afterwards the squirrel died. The girl was ill after that. (It seemed extremely probable that in this story the squirrel represented her brother, after whose death Audrey had fallen ill.) Her ambition was to be a hospital nurse.

At later interviews she showed (*a*) self-reproach over trifles, (*b*) a desire to get money from the psychiatrist, on one occasion writing the following letter:

'85, C..... Drive,
C..... Row,

'Dear Sir, 8.4.39.

'I regret to say I cannot see you as arranged. You see, I have 2 babies to help mind, and it is quite impossible. Well doctor about this job. It's at the Palatine and I play the part of Gloria in "The Returning of the Voice". I will receive £12 10*s.* per week for six months. After that I've another contract for 3 yrs. I will be allowed to take schooling classes in my free hours. By the by, I am taken as 16 yrs. old, not 14. I must have new things to travel back and forth with, and Mum and Dad can't afford it. That is why I turned to you. Please help me. I would like you not to answer this letter till Wed. morn if you please.

'Thanks so much,
'Audrey'

Diagnosis. This girl's behaviour was typically hysterical, but I think the case is better understood in terms of a *depressive phase* following the brother's death, followed by an *elated phase*, in which hysterical behaviour was prominent.

No. 13. *Ivy B.*

Ivy was 13.4 when referred to the Clinic by her Probation Officer. She had been convicted of stealing a pedal cycle.

History. Ivy had an older sister aged 17 and a younger stepsister aged 3. Her mother was said to have been a difficult, hot-tempered woman who suffered from her nerves and indigestion. She did not want Ivy and dreaded the confinement. Ivy had always lived with her mother and the only break was at 6 years when her mother was in hospital for 14 weeks. When Ivy was 8 years old her mother was taken away to hospital for an exploratory operation. Ivy screamed and cried and no one could do anything with her for three days. A week later the mother died and when Ivy was told of this she was said to have made much less fuss, although she cried again. For the next 9 months Ivy and her sister were with a paternal aunt a few doors away. Her father was not satisfied that they were being properly looked after and hurried on his second marriage, which took place 9 months after his first wife's death. The stepmother, now aged 27, had got on well with the girls.

Personality. The father remarked that Ivy had always been 'Mother's baby'. He had only a hazy recollection of what she had been like before her mother's death, but he had the impression that she had been happier, more out-going, and stuck to her friends better. He did not recall any romancing. When seen at the Clinic, Ivy was described as 'mostly quiet, preferring her own company and reading a great deal'. There were periods, however, when she seemed more cheerful and then she was fond of dancing and school plays. It seemed that these periods alternated with the quiet periods. What friends she had she never kept for long. On the other hand she was extremely fond of the baby, and regarded it as 'solely her property'. If smacked she did not react, but if spoken to sharply she would cry silently. She was helpful in the house on her own initiative, but she did not perform the only task she was expected to do, namely, look after her own bedroom. For

some time she had been apt considerably to exaggerate her achievements and was always very full of what she could do. She had been a girl guide for a year and it was reported that she always wished to appear 'one better' than the other girls. They had frequently found her untruthful and the school authorities had found the same.

Stealing. From the age of 10 Ivy had hoarded her sixpence-a-week pocket-money, but a year later she began to spend it, the father wondering for some time where she got the money from. Whatever she bought she would share and frequently she saved up to give presents to the baby or her stepmother. She had recently been before the Court on a charge of stealing a bicycle. She had told many lies to cover the fact. There had previously been trouble at home about bicycles because a little earlier Ivy had crashed her stepmother's bicycle. Her father had said she should not ride it again until she told them how she had done it. She refused to say anything but was in fact permitted to ride the bicycle occasionally. Shortly afterwards she brought a bicycle back home, saying it had been lent her, but when charged with theft she told the following story: 'I met a dark curly-headed boy. He told me to take the bike from a shop and put it around the corner for a joke. Next day I went back and it was still where I had put it. The boy told me to take it home. Next day I met him again and he told me to take it to a shop and have the carrier removed. I did this. Next day he gave me a note telling me to take it to a shop and ask how much they would offer for it. I did this.' This story was believed to be a romance.

Examination. On tests she had an I.Q. of 113. She was quite easy in manner, so long as she could do the tests, but as soon as there was a possibility of failure she became resistive and refused to admit her inability to solve the problem. She appeared grown-up for her age, and could be taken for 15 or 16. She was demure and quiet and not inclined to give anything away. It appeared that various people had questioned her already about stealing and she did not want to talk about it any more.

Diagnosis. There seemed much evidence that since her mother's illness and death, which were known to have upset the child, Ivy had been chronically though mildly depressed. Alternating with this, however, were periods of cheerfulness, boastfulness and romancing. The diagnosis therefore seemed to be one of *alternations of depression and mildly hypomanic behaviour.*

Although a diagnosis of Hysterical Personality could be made on both these girls, it seems to me that the cases are far better understood in terms of Depression following deaths, with hysterical and hypomanic symptoms superadded. In my view very many hysterical characters are best looked at in this light, including the celebrated Sally Beauchamp.

Group D. Hyperthymic Characters

The thirteen children in this group are distinguished by their hyperactivity, boastfulness and tendency to defiance or ridicule of authority. Their character development was felt to be so exaggerated in this direction as to constitute abnormality. Since none of them showed signs of a Schizoid make-up and their traits were all characteristic of one of the sub-groups of the familiar Hyperthymic (or Hypomanic) Character, I have included them all under this general heading.

In contrast to the Depressive and Circular Characters whose condition was often reactive to some comparatively recent external event, usually a death, these Hyperthymic Characters had been in the same condition for a number of years. In only three was there evidence that the condition had been influenced by recent events, though, as will be discussed later, there were strong reasons to suppose that the general cast of their characters had been seriously influenced by their early environment, especially the characters of their mothers.

Although these twelve children had much in common, they also differed from each other very strikingly. For the sake of convenience they may be divided into three sub-groups.

(i) Hysterical Hyperthymic
(ii) Cheerful Hyperthymic
(iii) Aggressive Hyperthymic

(i) *Hysterical Hyperthymics.* There were two girls of this character type. They were excitable and histrionic, quick tempered and showed obvious jealousy of their younger brothers. In calling them Hysterical, I am using the term in its popular sense.

No. 14, Alma M., I.Q. 91, was the 9-year-old daughter of an exceedingly anxious and excitable mother. She had shown obvious jealousy of her brother, who was born when she was 5. She tended to show off and had tempers when her mother paid attention to him. When she was 8 years old her parents moved house, during which time she was sent away to her grandparents for 3 months. Her brother remained with her mother. Whilst she was away she had an attack of asthma, and also began stealing. The stealing got worse when she returned to her parents, and by the time she was brought to the Clinic she had pilfered regularly for 18 months, mostly small articles and money from her home and the family shop.

No. 15. Monica P.

Monica was 12.0 when she was referred to the Clinic by a Probation Officer. She had been charged for two thefts, on each occasion taking a pint of milk from a neighbouring doorstep. She

pleaded guilty, saying that she wanted the tinfoil tops for the school Coronation decorations.

History. She was the elder of two children, the younger being a small baby of 6 months. Her early years seem to have been normal and she had always lived with her parents at home. The father was fond of children and was said to have a placid temperament and to be a good husband. The mother, who was 32, had serious Graves' disease and was an extremely nervous, agitated and irritable woman. She had been married very young and Monica came immediately. She had not wanted her and had not been very keen on having the second child either. It was probable that Monica had been subjected to constant nagging from her mother. For instance, recently Mrs. P. had expected Monica to do all the washing, both of the baby's napkins and of the crockery, and this Monica had resented keenly.

Personality. Monica was an affectionate child who got on well with her father and was on moderately good terms with her mother. She was reliable when sent out shopping and enjoyed helping her mother. Usually she was cheerful, whistling about the house, laughing and joking. She was very active, played every sort of game, read a great deal, made friends quickly and bossed other children. But she was apt to get into tempers when not allowed her own way. At school, where she had rather a bad character, she had got into trouble for defying her teacher. When placed later with an experienced foster-mother she was found to be rather a handful. She needed constant waiting on and seemed helpless and selfish. She was very jealous and aggressive with other children and self-willed. Recently she had been jealous of the new baby. Her mother described how ' Monica's nose was put out of joint ' when the baby arrived.

Stealing. There was some very flimsy evidence of stealing money from her teacher at school. Apart from this the only known occasions were the two instances of stealing milk.

Examination. On tests she had an I.Q. of 119 and appeared a normal and friendly child. Her nails were very badly bitten. She went very white when during routine tests she was asked about a fable concerning stealing. In the psychiatric interview she gave the impression of being a comparatively normal, friendly girl. She talked reasonably freely and seemed straightforward and honest. She described how she was expected to do a great deal of work at home and how her mother fussed instantly when things were not done.

Diagnosis. This girl was obviously unstable, with much jealousy and rebelliousness. She reacted violently and openly and could be described as a *Hysterical Hyperthymic Character.* This character was probably a reaction to her mother's nagging and disguised hostility. That it was a character disorder and not merely a temporary reaction was shown by her proving troublesome and wayward when away from her mother in a foster-home.

(ii) *Cheerful Hyperthymics.* There were seven children in this sub-group, five boys and two girls. There seems to be a distinct tendency for girls to develop the more hysterical characters whilst boys tend to develop this over-cheerful, boastful type of character. Most of the children in this group were conspicuously pyknic in physique.

Three of them had stolen very little. No. 16, David J., a boy of 9.7 with an I.Q. of 151, had, together with another boy, pinched an ice-cream from a barrow when the man was not looking. Apart from this he was regarded as absolutely honest. He was, however, pronouncedly hyperthymic, showing off, treating life as ' one long joke ', showing no responsibility and playing about during school-work. His ambition was to be a comedian.

No. 17, Leslie M., a boy of 10.4 with an I.Q. of 131, had stolen money from his mother on a few occasions. He was the only child of elderly fussing parents and had developed a somewhat two-sided personality. Sometimes he was nervous, anxious and priggish, with a large repertoire of pious aphorisms ; at other times he took up a ' don't care ' attitude and covered his troubles by exaggerated cheerfulness. For instance, if his father was annoyed he would ' just sit and grin '. After being thrashed for stealing one night, he came down next morning wearing a paper hat and singing. He never showed open hostility but would irritate his parents by innumerable petty disobediences.

No. 18, Headley J., was the unwanted second son of an exceedingly anxious and unstable mother. He was 14, had an I.Q. of 128, and had recently taken a few articles from home. On one occasion at school he took some sports prizes which he had not won. At school he was athletic, popular and trustworthy, but got into trouble on occasion because of his incessant ragging of masters. At home he was evasive and often cried.

Of the more serious thieves, No. 19, Patricia C., was a girl of 9.9 with an I.Q. of 121. Her mother had always been an invalid and died when the patient was 6 years old after being 6 months in hospital. The stealing began at school at about this time, but did not become serious until 6 months before she was referred. She had lived with her grandmother since her mother's death and had stolen money from her, also £1 from an uncle. In character she was boastful and superior, inattentive and restless, bossy of others, and changeable both in activities and in her friends. She was inclined to defiance and had ready excuses for her bad behaviour. She adopted a care-free exterior. It seemed not unlikely that part of this child's attitude was a reaction to her mother's illness and death.

The most striking thing about No. 20, Ronald H., was his tremendous desire to please.

No. 20. *Ronald H.*

Ronald was 7.0 when referred by his headmistress because he had been stealing intermittently. ' His acquisitiveness is such that he will rifle wastepaper baskets for trifles.'

History. Ronald was the youngest of four children, the others being a girl of 11, a boy of 10 and a girl of 8½. He was very definitely an unwanted child. It was an instrumental birth and the mother developed puerperal fever and went to hospital. The baby remained with her but was weaned on to a bottle. After five weeks the mother insisted on returning home and on her arrival found her older son, then aged 3, ill with pneumonia. She had to ' fight for his life ' for some weeks and Ronald was neglected. Then, as soon as she could, the mother took up dress-making again and never paid much attention to Ronald, who was just left outside in the pram. He throve and, physically, developed normally, having the usual childish ailments but never going to hospital. He had always lived at home with the rest of the family.

His mother was an extremely anxious and sensitive woman. Before the third child was born she felt on the edge of a breakdown: ' I get worked up and feel ready to burst.' She could never bear quarrels and had been under treatment for her nerves for some years. When visiting the school about Ronald's stealing, she felt convinced that other parents were pointing her out as the mother of the child who stole. The father was a hawker who worked long hours. He was said to be bad-tempered occasionally but on the whole got on well with the mother and the children, of whom however he saw little.

Personality. Ronald was very active, restless, inquisitive, and would not leave anything alone, mixed well with others, but liked to boss and resented it when he was not allowed to do so. He was very friendly and demonstrative, appearing to his mother ' too affectionate ' at times. On the whole he had a good relationship with the other children. He had always had a craving for attention and affection, thrusting himself into the limelight and wanting to be compared favourably with his brother and sisters. Thus he was always willing to give his mother a hand in the house, but never missed an opportunity to point out that the others were lazy and were not helping. Whenever the children were painting he got despondent if his picture was not as good as theirs, complaining ' this is too hard for me '. He was very possessive with his toys, was easily irritated and had a hot temper, but this was soon over. He always enjoyed a good fight, a joke and so on. At times he would be ' lost in his thoughts ', day-dreaming, and on that account was very absent-minded. But usually he wore a ' cocksure ' manner. He had a great tendency to collect things, sometimes bringing home all sorts of old papers for his sisters to play with. It appeared that this was partly intended to buy affection for himself. He also appeared to buy popularity at school by giving stolen sweets and money to other boys. At school he had been at his best when for a time he was monitor and put in charge of a class. He was idle over his lessons, but always obedient and well-behaved. He was friendly and popular.

Stealing. At home he had been reliable and there was no history of stealing. For the past two years, however, he had been taking money from school. This was spent on sweets which were then given away lavishly to groups of boys. When taxed with the stealing he tried to brazen it out and told all sorts of stories in explanation. In the end he owned up and cried, saying he did not know why he did it.

Examination. On tests he had an I.Q. of 129. He approached the tests confidently, showed forethought and almost obsessional accuracy. He was responsive and obviously pleased and encouraged by success. In the psychiatric interview he wore a worried, apprehensive expression most of the time, though this gave way to a dazzling smile on one or two occasions, as for instance when it was suggested that the castle which had been built should be knocked over. When the stealing was discussed he stoutly maintained that he had found the money. He ' often found money '. When asked where, he replied: ' We dig for it, me and Jimmy H.'

Later during treatment he proved very active, lively and jolly, though the jollity had rather a forced air about it.

Diagnosis. His excessively demonstrative and boastful manner, coupled with an exaggerated desire to please, seemed typically *Hyperthymic.* The quiet, absent-minded periods probably represented transient periods of depression. This personality had probably developed as a reaction to his mother's not wanting him and partial neglect of him.

The remaining two children of this sub-group were both very serious cases.

No. 21. *Leo W.*

Leo was 12.10 when referred to the Clinic by the local priest because of his violent temper and delinquent adventures. On one occasion after being ragged unmercifully in camp he flew into a paroxysm of rage, apparently losing consciousness of things and people. There had been much petty thieving.

History. He was the second of three children, the eldest being 14 and the youngest, a boy, had died soon after birth when Leo was two years old. Leo was a premature baby, but gave no difficulties and developed normally. His mother complained however that he soiled himself until 18 months old and played with his fæces. It was apparently

because of this that she took him to hospital to be circumcised, an operation which led to a septic condition lasting nine weeks. Otherwise he had never been away from home and had always been healthy. His mother was a painted and rather over-dressed woman who varied in her attitude between violence and domination and sentimentality. She idolized the elder boy and talked in very exaggerated terms of his affection, contrasting him with Leo. The father seemed a friendly, ordinary sort of man.

Personality. Leo was an active, energetic, sociable boy and had always been very affectionate to his mother. Criticism he took very much to heart and afterwards was full of promises and good intentions. When he had done anything wrong he was frightened and on one occasion would not go to school because he had not done his homework; but if punished he would stand out against it, remarking: 'You can murder me if you like, I won't shed a tear.' He appeared absolutely fearless, would try any prank and had a wonderful capacity for getting round people. His chief hobby was said to be exchanging playthings and always getting the better bargain. At school he was considered hopeless, always trying to avoid work. The headmaster remarked that 'he has an innocent look by which he tries to deceive and evidently has often succeeded'. He romanced successfully and once made an older boy believe he kept a revolver. On another occasion, when he had been thrown out of the school concert for not going to rehearsals, he told his family that he was still taking part, and they attended, believing it to be so. He was very boastful. Behind this defiant and plausible attitude a great deal of guilt was evident. For instance, in a fit of depression he remarked one day to his mother: 'I know I am a wicked boy; you had better murder me, then I will be out of your life.' He appeared unable to concentrate at school and his mind was always off on adventures; films of violence had a great attraction for him.

Stealing. Stealing had begun two years ago in association with a boy whose parents ran a night club in Piccadilly and who were friends of Leo's parents. They started their adventures by going round garages, empty houses, etc. On one occasion a wallet with no cash was pilfered and delivered up to the owner for a reward, but the boys were tracked down. At this time Leo stole 10*s.* from his mother and took two of her rings which were sold by the boy friend for 3*d.* He frequently sold his toys to get money.

Examination. He was found to have an I.Q. of 104. The psychologist noticed a facile verbal expression giving the impression of a better intelligence than he really had. He was impulsive and began work without any plan and was always self-satisfied with his achievement. When interviewed by the psychiatrist he appeared very full of himself, chatted away, laughed a lot, and superficially took life very lightly. His day-dreams consisted of (i) becoming a millionaire by working up a small business, and (ii) taking part in a big robbery and getting into prison for it.

Diagnosis. The diagnosis of Psychopathic Personality is often made on these boastful, plausible and dishonest characters. This, however, ignores their obvious relation to the Hyperthymic Character. He might well be described as an *Antisocial Hyperthymic.* It seemed not unlikely that guilt over his younger brother's death when he was two had been partly responsible for this character development. His mother's harsh and critical attitude had no doubt also played a part.

No. 22. Winnie E.

Winnie was a child of 7.3 when she was brought to the Court by the Education Authorities as 'needing care and protection'. The principal complaints were that she was a persistent thief, very untruthful and inclined to wander. She had been placed under supervision, but as the pilfering persisted she was referred to the Child Guidance Clinic.

History. She was the elder of two girls and lived at home with her parents. Her father drank and was sometimes violent with the mother, who had frequently left him because of it. The mother had often planned separation, but a local priest had recently improved matters and the parents were living together more amicably. The mother herself was epileptic, having fits about every six months. She was a dull, stupid woman who seemed, however, to be genuinely fond of her children. The home was ill-kept and dirty, and the children very poorly dressed. The onset of the mother's epilepsy is stated to have coincided with the conception of this child two months after marriage. She had numerous fits during pregnancy, but the labour was straightforward; the child was breast-fed for 11 months and there was no difficulty over weaning. She was an easy baby and rather forward in development. She had never been away from her mother, always accompanying her when she left the father. She had seen her mother in a fit several times and was, not unnaturally, very worried about it. Her father had always disliked her, partly on account of his hatred of his in-laws. He was very severe with her and had often beaten her violently. He had always openly preferred Vera, who was four years younger, giving her sweets and kissing her to the exclusion of Winnie. Winnie was said to be very distressed over her father's open dislike, often crying about it. She had been very jealous of Vera, however, from the time she was born, for when Vera was being fed, she would seize the teat off the bottle and hide it and later on would scream if Vera was given presents.

Personality. Winnie was a very jolly child, who would play with everyone and was markedly affectionate towards her mother. She would often

volunteer to help her mother over the washing-up and other household tasks. She was said to be active, lively, sociable and independent, and only depressed over the question of her father's dislike. She was said to look after her sister well, though inclined to boss her. With other children she was inclined to be aggressive and to quarrel. She had recently taken to talking in her sleep about school difficulties and had walked in her sleep once or twice. She was also addicted to wandering, spending much of her time on these expeditions looking into shops.

Stealing. She had had the reputation at school of being untruthful for a long while, but the head-teacher had only noticed pilfering a month or so before referring the child. She had taken small sums of money and food from school. The mother then noticed that money of her own had been disappearing and on one occasion discovered Winnie opening her purse. Finally she was found with 7*s.* 1*d.* on her, which was traced to a money-lender. She had borrowed it from him in the street, ostensibly on behalf of her mother. She spent the money on sweets and toys.

Examination. On tests she was found to have an I.Q. of 112, although her educational attainments were much below her mental age. She was a most lively child, talked and played hard all the time, but displayed anxiety in constantly asserting, 'I am clever, aren't I?' during the tests. On leaving she always wanted to be given a toy, and in general made a constant demand for reassurance and approval.

Diagnosis. Despite her inheritance, Winnie showed none of the usual signs of an epileptic personality. Instead, her active, cheerful, independent and wayward tendencies, coupled with a great desire to please and a typical pyknic physique, strongly suggested the *Hyperthymic Personality.* This, in part at least, was a reaction to her father's intense dislike of her and preference for her younger sister. It is possible, however, that an electroencephalogram would have revealed an epileptic factor.

(iii) *Aggressive Hyperthymics.* There were four children in this sub-group, all 8- or 9-year-old boys. Although when first seen one of them, No. 23, Edward N. L., had only stolen so far as was known on one occasion, he later, and in spite of treatment, became a chronic delinquent. The other three cases were already chronic when first referred.

No. 23, Edward N. L., was 8.8 with an I.Q. of 93. He alternated between a submissive and an aggressive attitude, the latter predominating. He bullied other children and it was characteristic that his first offence was breaking open a gas meter. He always cheated when he was not winning. In addition to the stealing he was backward at school work, truanted regularly and had occasionally soiled himself since starting school. There had been constant friction between his parents and during the past two years he had been looked after by his father, whilst his mother worked.

No. 24, Raymond G., aged 8.10 with an I.Q. of 96, had done much stealing from home, school, near-by shops and other children, whom he bullied. He was said to have a big imagination, boasted about punishment and was always blaming others. He was inclined to be solitary or else to lead gangs. He was restless, impulsive and distractible. When reprimanded he was defiant. He was always doing things to obtain attention. Amongst his other delinquencies were throwing stones at passing motor-cars and interfering with a little girl. He was born when his mother was 17 and was almost certainly unwanted, probably being conceived before marriage. He had spent much of his first three years in hospital.

No. 25. Reginald S.

Reggie was 8.6 when referred to the Clinic by his school for stealing from other children, lying about it, being excessively dirty and causing endless trouble by his aggressiveness and disobedience. He had attended the Clinic two years previously for the same symptoms except for the pilfering. He had received weekly play-treatment for about nine months and had improved considerably, but relapsed again when this was discontinued.

History. Reggie was an only child of very poor parents. Although his mother was quite glad to have him, his father hated children, never showed him any affection or gave him any presents. Mr. S., whose brother was epileptic, never hid his dislike for the boy and constantly shouted at him if he made any noise. He was a general labourer, often unemployed, intolerant and of a hasty temper. Mrs. S., although not disliking the boy, was a large stupid woman, who had little more idea of dealing with a restless child than smacking him and shutting him in a room for a few hours. When Reggie was about 7, his father contracted a chronic illness. He was nursed at home, finally dying 14 months later. During this period his mother was preoccupied and upset and able to give little attention to Reggie.

Personality. Reggie had always been of a restless energetic temperament. His one idea of play was some form of fighting and this he carried over into social relations. At school he was unpopular because he was for ever pinching other children when the teacher's back was turned or bullying them in the playground. He always resented it if his teacher took notice of another child. He was usually cheerful. If corrected he might cry for a moment but the next minute would be singing away as though nothing had happened. There were times, however, when he was depressed and complained that his mother did not want him and that nobody wanted him. If thwarted he would stamp and scream and could be very destructive.

His toys got broken or lost and he would swap an expensive toy for a few marbles. Towards his mother his attitude was a mixture of affection and defiance. At times he could be very sweet and generous, but at others he was defiant and difficult. He keenly resented his father's attitude to him. If his father sent him to bed when he wanted to play, he would cry, complaining that other children played with their fathers, and then sought his mother's comfort. He had a habit of biting his hand when excited but had never had any fits. He had been a persistent bed-wetter and often wet himself at school, where his work was bad and concentration fitful.

Stealing. About nine months previously Reggie had been moved up from the infants' department to the junior school, where he was put in the backward class. He had disliked this move and had become difficult over going to school. No stealing had been reported whilst he was in the infants' department, but his new teacher complained that he was pilfering persistently from other children and covering the offence by lying. He would go through the children's coat pockets in the cloakroom and take what he could find.

Examination. On tests he had an I.Q. of 108 and appeared sensible and competent. He was afraid to commit himself, however, and seemed unduly amenable and quiet. To the psychiatrist in the first interview he appeared friendly and co-operative. He talked spontaneously and was noticed to put great emphasis on possessions. He went on to describe how his father never gave him any presents and expressed much resentment over this. During play-treatment he came out of himself more and usually staged aggressive games, in which, for instance, he would burn up pictures of the Big Bad Wolf, or be Jack killing the Giant. His attitude to the psychiatrist was more often genial and friendly than angry and aggressive.

Diagnosis. This boy was obviously very overactive and in his games was a good deal more grandiose than the average boy of his age. Periods of depression and feeling unwanted occurred, but he more frequently covered these up by a cheerful 'don't care' attitude. All these tendencies, together with a typical pyknic physique, pointed to a diagnosis of Hyperthymic Personality. His unusual aggressiveness and destructiveness, however, differentiate him from Winnie E. and Leo W., and place him in the sub-category of *Aggressive Hyperthymic.* This cast of character was evidently partly a reaction to his father's dislike and rejection of him. It is possible that an electroencephalogram would have revealed an epileptic factor as well.

No. 26. *John S.*

John was 9.4 when referred to the Clinic by the Probation Officer for wandering, stealing and lying. He had not been charged, his mother having been to the Court for advice.

History. John was one of twins, but the other twin had died at five months. There were three other children, all younger. His father was an obstinate domineering man who had to get his own way. His mother was a pathetic little woman, worn out by ill-health, an unsatisfactory marriage and prolonged poverty. She sentimentalized about the younger children but found John too difficult to do anything with. She had worked until just before John's birth and had had a difficult labour. He was breast-fed for six months, but his mother was harassed and ill during this time and lost the twin from pneumonia. She found John a difficult baby. (He had wet the bed and dirtied his trousers until he was about 8 years old.) At nine months his mother went out to work and so John was looked after by his mother's sister during the day and only returned home to sleep. At 2.3 he was in hospital with diphtheria for seven weeks. Soon after this the mother had left her husband, who then took John to his old home in the North. Meanwhile the mother supported herself and a second child was born. Mr. S.'s mother, however, refused to look after John because he was so dirty and he was sent to a Public Assistance Institution where he stayed 18 months. During this period his mother returned to his father and they now decided to have John home with them. He returned to find a new baby sister, and another arrived soon after; nevertheless he is said to have fitted into the house on his return so that 'you would not have thought he had been away'. He had remained at home ever since.

Personality. The mother was not a good witness. She maintained that he was about average in showing affection, but also remarked he took very little notice of his parents. But when his mother was ill with pleurisy he was 'like a nurse to her'. He was domineering towards the other children, constantly insisting 'I am the biggest', and he was rough and spiteful towards his sisters, especially the eldest. He did not get on well with other boys at school because he domineered and was not sporting. When he had done wrong he was defiant, ignoring threats, thrashings and bribes. Very fidgety, aggravating and restless, he said he wanted to go to sea. When first he went to school he truanted. This had stopped, but recently he had been coming home at midnight, often with money, the parents not knowing where he had been. He was an inveterate liar.

Stealing. From the age of 5 he had often brought home toys and other trifles, his mother not knowing where they had come from. Fifteen months before he was referred, the school discovered he had stolen slabs of chocolate from Marks and Spencer's. He maintained that the money he brought home in the evenings had been earned running errands, but this was doubtful. Just before being referred he had pushed a small girl off a tricycle and taken it from her—almost robbery

with violence. He had also sold a piece of stolen property to the ragman.

Examination. On tests he had an I.Q. of 96, was most co-operative and enjoyed himself. He had a good sense of fun, but showed shame and a disinclination to talk about the other boys at school, complaining only that the boys wouldn't play with him.

Diagnosis. Owing to the mother being a bad witness it was difficult to get a clear impression of this boy's attitude to her and to his home. Her statement that he settled down easily on his return from the institution is to be treated with caution, but it was evident that when his mother was ill he showed genuine feeling for her. His tendency to domineer, to be defiant, restless, boastful and violent all suggest the *Aggressive Hyperthymic.* On the other hand he showed various symptoms similar to the Affectionless Characters. It may be that he represents the half-way house between the active Affectionless Characters and the Aggressive Hyperthymics, in the same way that No. 30, Norman K., represents the half-way house between the passive Affectionless Characters and the Depressives. Whichever diagnosis is correct, the condition was probably reactive to his unsatisfactory home-life and prolonged separation from his mother.

These four children gave the impression of being gangsters in the making. In this respect they resembled the members of the next group, who constitute the bulk of the serious offenders.

There is of course nothing new in the discovery that many juvenile offenders are overactive, restless characters. Burt (4) found it in many of his cases whilst Healey and Bronner (8) report ' hyperactivity, over-restlessness, etc.' in 46 out of 105 cases. The relation of this over-activity to the familiar forms of the Hypomanic Character has however been unaccountably ignored.

Group E. Affectionless Characters

Fourteen of the 44 thieves were distinguished from the remainder by their remarkable lack of affection or warmth of feeling for anyone. It is true that one or two of the depressed children lacked the normal expression of affection during the depression, but this was regarded as a change from their normal characters. In this they differed from the fourteen children in this group who had apparently never since infancy shown normal affection to anyone and were, consequently, conspicuously solitary, undemonstrative and unresponsive. Many of their parents and foster-parents remarked how nothing you said or did to them made any difference. They responded neither to kindness nor to punishment. Such remarks as ' he is so deep ' or ' we never seem to get near her ' express the feeling of social frustration produced in others.

As in all psychiatric classifications exceptions arise. Actually two of the cases included here did show some affection. No. 29, Raymond E., was said to be affectionate and No. 30, Norman K., was extremely fond of helping his mother. My reason for including them under this heading, however, is that not only was there evidence that their affection was patchy in its development, but that they showed many of the other features of the personality type. Thus No. 29, Raymond E., was solitary and utterly unresponsive to any form of punishment and No. 30, Norman K., was secretive and difficult of access.

In addition to stealing, the majority of these children truanted and wandered. The wandering is particularly characteristic as a symptom of this same indifference to home ties which is the hall-mark of the group. The fact that they all lied was perhaps of little importance, because all thieves lie. This group however probably lied more frequently and in a more brazen way than any of the others.

Although characteristically solitary, this description also needs some qualification. The majority went about and stole alone. A few on the other hand were members of gangs. On investigation, however, it was clear that, although going about with other children, they had no emotional ties with them. They had no real friendships and changed their acquaintances frequently. There were no roots in their relationships. A further characteristic which is apt to confuse the clinical picture is the superficial geniality and plausibility of some of the children. In a short interview they make quite a good impression and appear to be responsive. Further contact makes it clear, however, that this responsiveness has little or no real significance.

In general demeanour they differ much amongst themselves. A few seem unsociable and apathetic. But quite a number are energetic and active. No. 28, Derek B., and No. 32, Kenneth W., were cases in point. Derek B. appeared as a genial attractive little rogue, whilst Kenneth W., although full of hard luck stories, was alert and resourceful. Many of the more active children were aggressive and bullying, in this respect simulating the aggressive hyperthymics. One boy, No. 37, Kenneth G., was actively cruel, having deliberately burnt his sister's leg. In two or three cases, notably No. 32, Kenneth W., and No. 37, Kenneth G., one got the impression that they might easily develop into desperate and dangerous criminals.

Of course there can be no hard and fast lines to be drawn in a classification of character and it is obvious that some children will be on the margin between the different typical groupings. My own criterion for diagnosing an active delinquent in the Affectionless group depends upon his personal relationships. The Hyperthymic Characters of Group D have genuine attachments to their homes. They may have periods of being aggressive and

difficult, but affection is there and they are capable of loyalty. The Affectionless Character on the other hand is capable of neither attachment, affection, nor loyalty.

In contrast to the active Affectionless Characters are the apathetic members of the group, who are extremely shut-in, giving the impression of isolated lost souls. Such were No. 31, Nansi F., and No. 33, Arthur L. Such cases have to be distinguished from the chronic Depressive Characters and from the shut-in Schizoids. Once again hard and fast lines cannot be drawn. The groups obviously shade into one another. Indeed it is my belief that the Affectionless Characters are intimately associated with depression and may perhaps be fruitfully looked upon as chronic depressions of very early origin. As will be discussed in the next section, with very few exceptions these children have suffered the complete emotional loss of their mother or foster-mother during infancy and early childhood. Such a loss in later life not uncommonly precipitates a Melancholia. It is possible that some such reaction takes place in the mind of the two-year-old and, because of the special circumstances, complete recovery is impossible. This somewhat speculative view is supported by the discovery that behind the mask of indifference is bottomless misery and behind the apparent callousness despair.

The difference in fact between an apathetic Affectionless child and a chronic Depressive may be partly quantitative and dependent on the age of onset. But clinically they can usually be distinguished by the existence in the latter of personal ties and their non-existence in the former.

No such easy clinical distinction is possible, however, between this type of child and the shut-in Schizoid. Indeed the question will be raised whether they are not all Schizoids. Although some may be, I am sure that others are not.

It so happens that I have seen one adult patient who before her psychosis was a typically Affectionless Personality with, in addition, a characteristic history of early separation from her mother. She was depressed, had made an almost successful attempt at suicide, and suffered from a very severe degree of depersonalization. This depersonalization was of such a character that, taken in conjunction with her personality, Schizophrenia was feared. The condition however cleared up and she has since had another psychotic episode in which no Schizophrenic symptoms were apparent. The condition I believe to have been one of recurrent Melancholia.

On the other hand one case of the present series of Affectionless Characters may have been truly Schizoid. No. 40, Charles K., had a schizophrenic heredity—his father probably and his grandfather almost certainly being schizophrenic. It is noteworthy that he was one of only two Affectionless Characters who had no history of early separation from their mothers. At present I would hesitate to put forward diagnostic criteria for distinguishing the shut-in Affectionless Character from the Schizoid, though I believe that in the majority of cases the distinction is a true one.

It is my hope that these Affectionless Characters will be studied in great detail in the future, for I believe that they form the real hard core of the problem of recidivism. There can be no doubt that they are essentially *delinquent characters*, which is not true of the other characters discussed in this paper. The Depressed, Circular, Hyperthymic and Schizoid characters all had counterparts amongst the controls. We can get a Depressive who does not steal as well as one who does, we can find a law-abiding Hyperthymic as well as his antisocial brother. I am doubtful, however, whether the law-abiding Affectionless Character exists. He does not figure amongst my controls and I have not met him elsewhere, though I have met many other Affectionless thieves besides the fourteen described here. It is probably true to say that the Affectionless Character always steals and usually becomes a recidivist.

Despite variations then, these Affectionless children have so many traits in common which distinguish them from the other thieves that I have felt justified in grouping them together and regarding them as examples of a distinct clinical syndrome. When to the similarity in their personalities is added the discovery that they have a remarkably distinctive early history—prolonged separations from their mothers or foster-mothers—the conclusion forces itself upon one that we have here not only a distinct clinical syndrome, that of the Affectionless thief, but also an unusually clear example of the distorting influence of a bad early environment upon the development of personality. For all these reasons full case histories of all fourteen children are presented.

No. 27. Betty I.

This case is of a small girl aged 5.7 who was sent to the Clinic by the school because her mother was worried about persistent stealing of pennies from school.

History. Betty was the eldest of four children, the others being 4½, 3½ and 2 respectively. She lived with her mother and her stepfather, who was the father of the two youngest children, both boys. The parents were happily married and it was a good home. The mother was Irish and a little inconsequent, but extremely friendly and sympathetic with the children. The stepfather was rather more severe, but by no means an unkind man.

This child had been difficult from birth. The mother's milk gave out on the eighth day and there was trouble over bottle-feeding. She refused to suck and had to be spoon-fed. She was precocious in development, however, and was easily trained in cleanliness. But she remained difficult

over food and was always crying and screaming. When the child was seven months old and the mother again pregnant, she discovered that her husband, who had proved very difficult, was married to someone else. She promptly got rid of him and married a former friend soon afterwards. But Betty had already been placed in a foster-home, where, her mother alleged, she had first refused to eat for 20 days and then had suddenly begun to eat cake. The child was changed from one foster-home to another and was ultimately in a convent school for a year. In all of them she was unmanageable and was said to have been harshly treated. Her mother and stepfather often visited her, but she always refused to have anything to do with her mother, although she got on well with the stepfather. Finally the mother insisted on having Betty home and she had been there for the preceding seven months. Her feelings about her parents then changed over and she became fond of her mother and against her stepfather who tried in vain to discipline her. All the time she had been at home she had remained an outsider, however. Her mother described how ' she looks like a child who has just come in to play and does not seem to belong '.

The school thought the mother was really more affectionate towards the other children than towards Betty. But she had been very tolerant of the child's stealing, recalling how she had stolen things herself as a child. The father, however, was more severe with her, being terrified lest she should corrupt his own boys. He had often beaten her for the stealing, but admitted it did no good. The only sure way of making her confess was to say that she would not go to Our Lady if she did not answer. Then she was frightened and confessed at once. He had often threatened to send her away if she was not good. The father was particularly worried by her sexual interests, which seemed to be very active even for this age.

Personality. The mother found her an undemonstrative child who was inclined to keep things to herself. The stepfather described her as ' deep ' and evidently found it impossible to make any contact with her. He could not understand why she could never ask for anything at meals, pointing out that the children had only to ask to be permitted any food that they could see. She was exceedingly sensitive to criticism and cried very easily, and was always upset because her stepfather had a bad opinion of her. At school she was said to be deliberately disobedient and provoking. When punished she never cried, and when the headmistress asked her questions she became wooden, ' quite unlike any other 5-year-old child ', and gave excuses equally unexpected for her age. Accounts differed about her sociability. At school she was said to be solitary and had no friends until recently when she had made friends with the two most undesirable girls in the school, both liars. Often she appeared to be walking along in a dream. But at home she was by no means solitary and seclusive. She was extremely fond of the baby and liked mothering him. She played well and happily and was popular and sociable with neighbouring children. She slept well and ate moderately. Recently she had become extremely interested in the cat's kittens, but as usual had not asked direct questions as her sister had.

Stealing. The mother noticed that she was always stealing pennies from school and telling lies about it. She had failed to deliver her parents a note saying that she was given milk free and so was keeping the 2½*d.* she was given for the milk each week. Moreover she often brought back pennies and toys from school which, she said, the teacher had given her for being a good girl. The pennies she offered to her mother and the toys to her sister and brothers.

Examination. On tests she had an I.Q. of 104. She struck everyone as a particularly attractive and delightful child. She had a most engaging smile, a twinkle in her eye, and an elf-like way of doing things.

Diagnosis. The outstanding things about this child's character were her lack of ordinary contact with her home, her inability to express feelings or wants and the nervous ' woodenness ' when corrected at school. (At home she seems to have been more normal.) Her tendency to be dreamy, to mix with undesirables and to have over-developed sexual interests were also striking. All these traits are typical of the syndrome for which I have proposed the name of *Affectionless Character.* Her isolation was clearly related to her separation from a stable home life.

No. 28. *Derek B.*

Derek was six when first seen at the London Clinic, where he was referred for persistent truanting, pilfering and staying out late.

History. He was the second of two boys, the elder being a cheerful, normal lad who had never got into trouble. He lived with his mother and father, whose marriage was happy and who appeared to treat the children sensibly and kindly and without discriminating between them. On enquiry into his early history it was found that he was a wanted child and had been breast-fed for three months, after which he throve on the bottle. Indeed he was said to be a happy normal child until the age of 18 months, when he got diphtheria. Because of this he was away in hospital for nine months, during the whole of which he remained unvisited by his parents. In hospital he was said to have been adored by everyone, but when he returned home he was a ' little stranger '. He refused all food and finally was left to starve for a while. His mother described how ' it seemed like looking after someone else's baby. He did not know us, he called me " nurse " and seemed to

have no affection for us at all.' She said it was fully 18 months before he settled down, although to an external eye it appeared that in fact he had never done so yet.

Personality. He seemed not to care for anyone except possibly his elder brother, but even with him there were spells of unreasonable temper. Usually he was happiest when playing alone. He was markedly undemonstrative and his school-teacher commented that emotionally he was ' very controlled for a young boy '. The mother also remarked on this, saying that he was quite unmoved by either affection or punishment, and she had come to regard him as hard-boiled. On the other hand he was always fighting and was at times destructive of both his own and his brother's toys. The teacher complained particularly of his untruthfulness, ' wanton destructiveness ' and habits of annoying other children.

Stealing and Truanting. He began school at 4½ and liked it at first. But later he disliked the teacher and wanted his brother's teacher. This led to truanting on and off for about a month. The pilfering was noticed soon after his beginning school. It seems to have been quite undiscriminating, for he was said to pilfer from children's pockets, the teacher's desk, from shops and from his mother. Any money he obtained he spent on sweets which he would share with his brother and other children, but not with his parents. He had been repeatedly beaten both by school authorities and at home for stealing, but the beatings had no effect on him beyond making him cry for a few moments.

Examination. On tests he was found to have an I.Q. of 125 and to be slow, careful and deliberate in his work. To the psychiatrist he gave the impression of being an engaging, sociable kid. But in his play there was much violent destructiveness. On many occasions he pilfered toys from the Clinic.

Diagnosis. His superficial geniality was misleading at first. As time went on it was clear that his mother's and school-teacher's accounts of his detachment represented the truth. In view of this, his destructiveness, his hard-boiledness, and his unresponsiveness, he seemed to be a typical case of *Affectionless Character.* This was clearly related to his prolonged hospitalization.

No. 29. *Raymond E.*

Raymond was 6.3 when he came to the Clinic, his father having sought advice because of the boy's ' roaming disposition '. He often had not returned home at 11 p.m. and the father had to go out to search for him. There had also been complaints of stealing money, toys and various other things, nocturnal enuresis, romancing and lying.

History. Raymond was the fourth child, there being an elder sister aged 23, a boy of 17, and a girl aged 11. He was said to have been quite an easy baby, but rather late in walking and talking. As a toddler he was very adventurous, never saw any danger and was therefore ' a hard child to mind '. When he was 15 months old his mother died of diphtheria. She was a moody, irritable person who could never stop working in the house. She took in lodgers over whom she fussed excessively, but had no patience with the children. After his mother's death Raymond spent nine months with a paternal aunt, and then from 2½ to 5 years he was at home and looked after by his elder sister who was then in her late ' teens. This sister was described as having been a ' bad lot ' since the age of 10, when she was expelled from school because of sex play. It was suggested that her treatment of Raymond was extremely casual and she would often go out, locking Raymond up in the house without food. When Raymond was five his father re-married. The stepmother, who brought with her a daughter of 11, was a difficult character and suffered from epilepsy. She was hypochondriacal, had a violent temper and at one time had had hysterical paralysis of the legs. On marrying Raymond's father, who was an easy-going type of man and a reliable worker, she set about putting the home in order and improving the standards. She prided herself on teaching the children to say grace after meals, although Raymond would often sit for half-an-hour refusing to say it.

Personality. Although always solitary, independent and obstinate, he was said to be affectionate and lovable, with a sunny disposition. It is not clear towards whom he showed affection, since he quarrelled bitterly with his sister and step-sister, getting into tempers and biting them. He was very destructive with toys and must constantly look inside things. Always adventurous, he called himself a ' tough guy ' and showed no fear. His father remarked: ' When you punish him not a tear comes from him—and I *have* strapped him.' He was extremely restless, played tricks on everyone in the family and on one occasion nearly succeeded in getting away on a barge. He had an enormous appetite and got food from the market people through telling romances that he was starved at home. At school he was found to be obstinate and restless. If not kept strictly under supervision he would escape, and he always had to be escorted to and from school. He lied very convincingly and pilfered whenever opportunity arose.

Stealing. He was said to steal anything he could from school. He had stolen money and toys, electric wiring from a garage and a ladder from a shop. He seemed to have no appreciation that there was anything wrong about it, in spite of his father having taken him to the Police Station to frighten him. After the diagnostic interview at the Clinic, he stole a watch from Woolworth's and the wandering became worse.

Examination. He was found to have an I.Q. of

92 on tests, to be extremely distractable and to evade every difficulty by instantaneous change of interest. His speech was very difficult to understand, and he frequently failed to understand what was said to him. In an interview with the psychiatrist his interest changed frequently and he spent much time destroying an old wireless set. He talked to himself during his play but it was impossible to catch what he said. In reply to various questions about his roaming, he frequently mentioned his mother, though it was not clear whether he referred to his dead mother or his stepmother. Thus in reply to a question as to what he was looking for when he went away from home, he said 'looking for my Mum'. He also built a house 'for my Mum', and also showed concern about his Mum 'running away'.

Diagnosis. This boy seems to have had a sunny side to him, but as with Derek B. it was superficial. In all other ways, especially his solitariness, aggressiveness and complete unresponsiveness, combined with shameless truanting and pilfering, he appeared to be a typical *Affectionless Character.* The preoccupation with his mother was probably of ætiological significance; the resulting condition had clearly not been improved by his feckless sister and unstable stepmother.

No. 30. *Norman K.*

This boy was 7.8 when first seen at the Clinic, where he was referred by the School Authorities after his mother had explained to them that he had developed a habit of pilfering and then lying about it.

History. He was the younger of two children, the elder being a girl about a year older than Norman. They lived at home with their parents, both of whom went out to work. The parents were not happily married. The mother had a great deal of resentment against persons and circumstances, dating from her own childhood, and she admitted frankly that she hated her husband, who was a violent character. He thrashed the boy and also took it out of his wife. Much of the previous five years he had been unemployed and had become noticeably better-tempered when he got into regular employment again.

The father disliked children intensely, so that their second child was very definitely unwanted by both of them. His mother nevertheless breast-fed him for ten months. His development was on the slow side, but within normal limits. From the child's second to his fifth year the mother was suffering from T.B. and was in sanatoria for long periods. During these times Norman was looked after by various foster-mothers and finally by his mother's sister-in-law at home. In two of these homes he was happy, but in several he was unhappy and probably badly handled. It used to upset him terribly having to go away each time.

The father had always shown dislike of the boy, but when Norman was five or six they had a lodger staying with them for 18 months, who 'did everything for Norman that his father should have done'. Norman was very fond of him and his mother felt he had never been the same since he left.

Personality. He was said to be a very affectionate child who liked helping his mother in the home—'more like a little girl'. But his mother also found him very secretive, which made it difficult for her to understand him. She felt strongly that he knew that he had been unwanted, as, when any arrangement was suggested, he would ask: 'Do you mean me too?' He was unpopular with other children and inclined to bully them to get money from them. But he was fond of his sister and played happily with her. His mother had noticed that he was inclined to buy popularity with other children by swapping good toys for cigarette cards and she felt his stealing was partly motivated by this. She commented on his unhappy 'Pity-me' look and remarked that his stealing was always preceded by endearments. He tended to be greedy for food and would 'hang around' anyone in the hope of getting something. At one period Norman had very severe night terrors connected with a horrifying dream-lady, about whom he screamed in a blood-curdling way.

The school authorities reported that his work at school was good and he concentrated very well. He was excessively pleased however when he got sums right and did things well and always wanted to show them to everyone. In his relations with other children he was sly. He would never join in a rough and tumble with other boys, but took the opportunity to give them a punch on the sly. He was obviously afraid of boys of his own age retaliating. Moreover, whenever he had any occasion to anticipate getting into trouble 'he will lie with a perfectly open countenance'. Except for stopping very small boys and demanding sweets, toys and halfpennies, he had not been known to steal from school. His father had beaten him black and blue for his stealing but it made no difference. In fact he usually stole again immediately afterwards. His mother had threatened him that God would be angry and sorry when he stole, but this also had little effect.

Stealing. The stealing had been going on for two years, since he was about five, when he began taking pennies from home. It seemed to have become more serious, however, since the lodger whom Norman was so fond of left. He stole particularly from his mother and the aunt who had been his foster-mother when his mother was ill. He also took pennies from other children. The mother was particularly concerned because he would do the most outrageous pilfering 'right under their very noses' and would appear utterly innocent about it afterwards. On one occasion he took a pound note from his mother's purse, bought ice-

cream with another boy, and hid the change in a hedge, to be used as required. Some of it they spent on sweets and toys and some of it they gave away. Another time he stole 10*s.* from a box in which his mother kept money for the electricity. This necessitated climbing through the window because the door was locked. He had also taken 2*s.* 6*d.* from his auntie's handbag.

Examination. On tests his intelligence was found to be about average. He was extremely submissive and had a scared and lost look about him. On one occasion when his mother was being seen, he wandered out of the Clinic and was found mooning about looking at the shops.

Diagnosis. This boy was not wholly lacking in affection, but he did not show the open emotion of a normal boy. He was secretive, sly, shameless in lying and entirely unresponsive to punishment. These traits together with the scared, lost look and a tendency to wander made it seem probable that he was a case of *Affectionless Character.* An alternative diagnosis might have been that of chronic depression, but, as has been indicated, it seems probable that the two conditions fade into one another. The origin of this boy's condition seemed to lie in the prolonged separations from his mother in his third and fourth years and his father's unfavourable attitude to him.

No. 31. *Nansi F.*

Nansi was nearly eight when first seen. Her schoolmistress complained that she was dishonest and pilfered money which was usually spent on sweets.

History. She was the second of five children, all of whom lived with their widowed mother. They were looked after by a decrepit old grandmother because the mother had to work to make a living. The parents' marriage was described as having been 'ideally happy. We never had a single quarrel or cross word, and when he died we were all broken-hearted.' The father had been regarded as highly respectable. He died when Nansi was five. The mother also had a good reputation. Birth was normal and the child was bottle-fed like the other children. She appears to have thrived, and walked at ten months. At twelve months she fell ill with bronchitis and was in hospital for nine months altogether, having contracted pneumonia and measles whilst away. During all this time she never saw her parents, who were only permitted to visit her when she was asleep. On returning home she was frightened and very babyish and for some months wetted and soiled her bed every night, although previously she had been clean.

Personality. The mother described the child as always having been the 'odd one out'. She never wanted to play with her sister or brothers and appeared quite indifferent to what happened to her and to how she was treated. When her younger brothers were born she treated it as if it did not concern her and showed no interest. If she wetted her knickers she never mentioned it and showed no shame if it was found out, but preserved her usual detached manner. If given Christmas or birthday presents she either lost them or gave them away. Her behaviour at school, from the accounts available, was not so unusual as at home. She was said to be a bright child who enjoyed her work and played about like any other child. But she was obviously preoccupied with her faults, sometimes going spontaneously to the teacher to say she had been good all the week. She was also a keen Salvationist and had often told her teacher she was saved 'so it will be all right'. (Both her parents were Salvationists.)

Stealing, etc. It was difficult to know for how long the pilfering had been going on, but it had been very persistent during the previous six months. She seems to have taken money from every available source. She had systematically swindled her next brother out of his milk money for a whole term. She had stolen a shilling from her teacher's bag and the landlady reported she had found Nansi taking money out of her pocket more than once. She had also taken money from a Salvation Army collecting box, opening it with a knife. She spent most of her gains on sweets and food. On one occasion she bought fish and chips and fizzy lemonade which she shared with a brother. When caught she was quite unashamed. Her teacher had known she was light-fingered for some time and had tried hard to break her of the habit both by punishing her and by kindness, but neither had had any effect.

Examination. When examined at the Clinic she was found to have an I.Q. of 111 and to be a withdrawn, detached and unemotional child although quite friendly. When it was time for her to go she asked if she might take some toys home 'for her little brother', and wanted to take the whole box. Although presented with a cow, it was observed that she also secreted a small doll and took it away.

Diagnosis. Her detached indifference to all emotional relationships at home together with shamelessness over her faults show that she was a typical example of the *Affectionless Character,* which had evidently developed as a result of prolonged hospitalization in the second year.

No. 32. *Kenneth W.*

Kenneth was 10½ when referred to the Clinic by the Probation Officer, having been charged by his mother for being beyond control, stealing, truanting and staying away from home for several days at a time.

History. Kenneth was an only child, his father having left his mother when he was two months old. His mother described her husband as a 'rotter', who had had an illegitimate child before marriage, was unfaithful and drank. After being deserted the mother went out to work. Kenneth

was looked after by a foster-mother until he was three years old and then went to live with the maternal grandfather. His mother stayed with her father for short periods during this time, but from the time he was three until he was nine Kenneth was looked after principally by his grandfather, who, although fond of the boy, was a heavy drinker and had no control over him. When Kenneth was nine years old his mother re-married and he went to live with his mother and stepfather. The stepfather took a great liking to Kenneth and was anxious to help him, but despaired easily of the boy's lies and stealing. The mother was a pleasant woman who was fed-up with her difficulties and worried lest Kenneth's behaviour should wreck her second marriage.

Personality. On returning home aged nine, Kenneth was sullen, dreamy, rather sulky and solitary. He showed no affection for his mother, but much for his grandfather. He seemed isolated and refused to join in games with his parents. He wet himself day and night and occasionally soiled himself. When on one occasion he was mildly threatened for being naughty, he remained away from home for a week, sleeping in empty houses. He truanted from school regularly, but on returning home would deny it and would give long circumstantial and convincing accounts of his activities at school. At school he was described as 'irresponsible, unstable, lacking in a proper sense of duty to parents and teachers. Very plausible and very stubborn.'

Stealing. Even at five he was giving much trouble, stealing from street stalls and from Woolworth's and going with a very bad gang of boys. He also stole from his grandfather. He had stolen from both his mother and stepfather since living with them and also from children in the street.

Examination. He had an I.Q. of 109 and appeared a sensible, competent boy to the psychologist who tested him. After a few interviews with the psychiatrist he proved himself to be an active, imaginative boy. His play was full of phantasy of crooks and thieves, all of whom double-crossed each other. He would rob the psychiatrist in play and sometimes secreted what he had taken. When asked about his stealing he took alarm and threatened to do in the psychiatrist when he came out of prison, where he confidently supposed he would be sent.

Diagnosis. He appeared to be a case of *Affectionless Character.* Separation from his foster-mother when he was three was probably responsible for the character development. His six years with the drunken grandfather had no doubt aggravated the condition.

No. 33. *Arthur L.*

Arthur was 11½ when referred by his mother for thieving and truancy.

History. He was the illegitimate son of a respectable little woman, who had worked in a public-house and become pregnant by the publican, whom she knew only slightly. She never lived with him and he died when Arthur was eighteen months old. She described him as an easy-going generous type of man. Pregnancy and labour were normal. Arthur was breast-fed for a month, then his mother returned to work and he was looked after by a great-aunt. He was a lovely baby and his development was normal. At eighteen months the great-aunt died suddenly of pneumonia and for the next year the mother had him with her at work, a friend minding him during the day-time. When Arthur was 2½, the mother married and he was sent to live with a maternal cousin, with whom he had been ever since. This woman had children of her own and had never wanted Arthur, to whom she was cold and fairly unkind. The mother, who later separated from her husband, had been working in service and had seen Arthur about once a fortnight during these nine years. She appeared very anxious to shift responsibility for Arthur on to someone else.

Personality. His mother remarked that he had 'really brought himself up' and was completely isolated now. Very undemonstrative, he would never cry and had no friends in particular. All attempts to get him to join the Wolf Cubs, etc., had failed. He had truanted a few times from school, but was not a chronic truant. When discovered in thieving and truancy, he was 'perfectly callous and hardened'. He went sullen and closed up like an oyster.

Stealing. There was no information as to when the stealing began, nor from whom he had stolen. One year previously it had been discovered that a number of children at school 'were holding money for Arthur' and on several occasions since he had been known to hide stolen money in the garden and later to dig it up. He did not seem to spend it. Much of this was revealed after an incident when Arthur stole a £1 note from somewhere, went to the baker's and bought rice, flour and other articles. He pocketed the change, but later the baker found the goods thrown over his back wall.

Examination. He was found to have an I.Q. of 112 and attacked the tests in a competent manner. In the psychiatric interview he was reserved and cautious, giving nothing away. His expression was wooden, weary and absolutely unchanging. He remained withdrawn, suspicious and reticent over a long number of interviews, the woodenness of his expression never changing.

Diagnosis. This seemed to be a typical case of the *Affectionless Character* of the passive, sullen type. Of the many breaks in this boy's early life, the critical one was probably his great-aunt's death when he was 18 months and his return to his (unknown) mother who obviously did not want him. Later changes and an antagonistic foster-mother had no doubt aggravated the condition.

No. 34. *Derrick O'C.*

Derrick was 11½ when first seen at the Clinic, but his pilfering was known to have gone back to his eighth year and was subsequently found to have begun even earlier. He had been charged by his father for stealing £3 from his (the father's) overcoat pocket and had been put on probation. Since then he had taken sums of £1, 9*s.*, and 3*s.* 6*d.* from his father, who had done nothing about it, and then had stolen two bicycles for which he was charged again.

History. He was the eldest of three children, the others being Johnny 7½ and a sister of two. They lived in two rooms with their parents, who were decent working people. The mother was very deaf and rather cut off from her family. Although fond of her children she lacked any sort of understanding of them and was inclined to shout at them. The father was a happy, pleasant man, but equally unimaginative.

Derrick had been born very soon after the marriage and probably had been conceived before, as the father was a lodger and the mother only 19. There is little doubt that they found him a burden. The mother continued to work and Derrick was parked out with a neighbour for his first three years. His mother visited him every two or three weeks but his principal attachment appears to have been to the foster-mother, whom he called 'Mummy Rosy'. When he was three years old his mother became pregnant again, gave up work and so had Derrick home. This was evidently a great shock to the boy, who had grown fond of his foster-mother and regretted leaving her. At this time he was described by his mother as being nervous, spoiled and always demanding attention. (It may of course merely have been his reaction to losing his foster-mother.) A few months later Johnny was born and when Mrs. O'C. had recovered sufficiently to resume work both boys were sent to spend the day with another neighbour. When Derrick was sent to school he screamed a lot and was afraid to be left by his mother. However, he did well, was usually top of his class and got a scholarship to a Central School.

The mother openly preferred Johnny because he was so much more responsive. She shouted at Derrick, was inclined to blame him for everything which disappeared and tried to shame him by saying: 'If you weren't here we'd have had no troubles.' His father had often beaten him severely for the stealing and had kept him indoors.

Personality. He had always shown jealousy of Johnny, teasing him, and getting into a temper if Johnny interrupted him. He was usually very quiet and reticent, read a lot or spent time on making scrap-books. This reserved, seclusive manner and lack of any show of affection irritated his mother. He was unable to make friends and spent his spare time going to football matches alone. He usually sulked if criticized and could be extremely stubborn. Although occasionally cheeky, he never joked and was never harmlessly mischievous like any ordinary boy. He was very particular over cleanliness and tidiness and faddy about food. It was noticeable that he was extremely disinclined to ask for things. At school he was remarkable for being solitary and having no real friends, although by no means unsociable. The headmaster reported that there was 'something not quite straight about Derrick', that although 'he gives no trouble, he is rather a twister' and 'inclined to mean little tricks when not supervised'.

Stealing. His mother's story was that he had pilfered on and off since he was eight, biscuits, or pennies off the mantelpiece to buy sweets. He had only been known to steal one thing from school—a pen-knife—for which he had been caned. His parents always knew when he had stolen because he 'acts unnaturally'. It was this which led them to suspect him of taking the £3, which, they found subsequently, he had spent on fireworks, football matches and sweets. During treatment Derrick himself recalled stealing from his mother soon after being parked out daily with his baby brother. He complained that his new foster-mother gave him too little to eat (which may or may not have been true) and that he used to go home and steal biscuits.

Examination. On tests he was found to have an I.Q. of 112. He took great pains and seemed afraid of failure. He was nervous and blinked so much that it almost amounted to a tic. He spoke in a hush, rather furtively, but gave the impression that he would like to talk about himself to a sympathetic person. During analytic treatment, carried out with orthodox technique for an hour a week, a very profound suspicion of anyone's good intention was conspicuous. He constantly misconstrued casual acts as deliberate and secret punishment. As the suspicion grew less, much repressed jealousy of his younger brother became apparent and also considerable bottled up affection for his mother. When analysis was interrupted after 2½ years Derrick's attitude to his mother and other boys was approaching normal.

Diagnosis. This boy seemed a clear example of the passive type of *Affectionless Character.* This had probably resulted from the separation at three years from his foster-mother and subsequent unsettled home life with a mother who had never wanted him and disliked him.

No. 35. *Gordon B.*

Gordon was 12 when referred to the Clinic by the School Authorities for 'bowel and bladder incontinence at night; said to be unruly and disobedient; wanders away from home'. His stepmother complained of persistent pilfering for at least two or three years.

History. Gordon was one of twins, the other

being a girl, and there were an elder brother and sister. Little was known of his early life, since his mother had died when he was 12 months old and he had been looked after by a succession of women until his father re-married when he was seven. For a few short months after his mother died he was looked after by a grandmother. She walked out on him and he was sent to a paternal aunt. Later he went to two or three landladies, one of whom kept him several years. It is alleged that he had never obtained control of his excretory functions, and his stepmother had him home in the hope that she would reform him. She tried every conceivable remedy but was quite unsuccessful. The stepmother was a very anxious woman who had never had a good relationship with the boy. Her pride was closely bound up with her success with Gordon and her failure with him had caused her much worry and depression.

Personality. From the time he returned home at seven he had been undemonstrative, indifferent and unaffectionate. He had resented his stepmother's kissing him and if given presents destroyed them. He was secretive and told his stepmother nothing. If sent on an errand he just disappeared. He told many lies in a way which made them impossible to detect at the time. When talked to he took no notice and, if thrashed, cried for a minute or two and then appeared unconcerned. He was said to have a few friends at school, but it was not known whether he kept them.

Stealing. He had been stealing for at least three years, often from his stepmother. On one occasion he took some of his older brother's clothes and sold them for a halfpenny and a bottle of milk.

Examination. He was found to have an I.Q. of 103, was friendly and co-operative and appeared normal to the psychologist who tested him. To the psychiatrist he seemed diffident at first and anxious to create a good impression. He was reluctant to discuss his symptoms. Later he wrote a short story about an orphan boy who was looked after by a wicked uncle whom he eventually caught out and for doing so was heavily rewarded by the police.

Diagnosis. This boy seemed a typical example of the *Affectionless Character*. During the first five years of his life he had been looked after by at least four ' mothers '.

No. 36. *Marjorie D.*

Marjorie was 12.3 when she was referred by the School Authorities for stealing and being extremely obstinate.

History. She was illegitimate and very little was known either of her real parents or of the first 20 months of her life. It was stated that her father was an engineer and her mother a shop-assistant. At the age of 20 months she was legally adopted by some simple country people aged about 30 who had no children of their own. They lavished much love on Marjorie and she was excellently cared for. When she was eight years old the shop failed and the foster-mother took in four small foster boys, aged between 20 months and 5 years. Although the foster-parents were never harsh to Marjorie, they seem to have adopted a very moral tone with her, being ' hurt ' by her misdeeds and later ' preaching ' at her. Marjorie liked the little boys and helped look after them.

Personality. She had developed a typically affectionless, unresponsive character, the headmistress reporting as follows : ' The child is almost untouchable and lives in a world of her own—never cries at home but she did, twice, with me when I spoke kindly to her . . . does not make friends.' Her foster-mother reported that ' Marjorie is not willing at home and appears to do things with a grudge. She is extremely obstinate and self-centred and is not in the least affectionate . . . she likes smart clothes, but is not particular as to what she wears under her outer clothing.' In addition to this hard-boiled and affectionless side was a desire to please, which appears to have rung insincere. Her schoolmistress described her as ' too polite, plausible and subtle. After being found out she seemed too full of self-denunciation, making a dramatic show of her penitence and yet not seriously considering the people from whom she had stolen. . . . Marjorie seems to consider she has the right to have everything she desires. Has no regrets for the people robbed.' To teachers who liked her she was responsive and she was the leading light in a school dramatic production.

Stealing. Stealing began about four years previously, when she was eight. She began to help herself to things in her foster-parents' general shop. Shortly afterwards her foster-parents gave up the shop and there was not much further stealing from home. Two years later she stole a gold watch and some money from the teacher at school. She explained that she had always wanted a watch, and required the money to buy books and pencils. During the past year she had opened the teacher's bag and taken coppers, leaving a £1 note. She had also taken her foster-brother's Easter eggs, having previously eaten her own.

Examination. On tests she had an I.Q. of 135. (She had been recognized in the village school as of outstanding ability and had already won a scholarship to a secondary school.) She was slow and meticulous in her work. Rapport was not easily established ; she seemed to answer rather as a matter of duty and in a preoccupied manner. In the psychiatric interview she appeared reserved and shut-in. She again took up a conventional attitude. When stealing was mentioned she became furtive and silent. She appeared to have no idea that she was a foster-child. Her feelings about the other foster-children were however curiously detached and uninterested.

Diagnosis. Her character seemed typically *Affectionless*, although superadded were certain hysterical features such as her insincere self-denunciations and somewhat hypocritical love of finery. She had certainly suffered one major separation when 20 months old and if her history resembled that of many other illegitimates there may have been several other such breaks during her early months. The stealing seems to have preceded the invasion of her home by four foster-brothers, though this intrusion is not likely to have eased matters.

No. 37. *Kenneth G.*

Kenneth was 12.11 when referred to the Clinic for cruelty to the younger children, bad temper and disobedience. It was found that he had pilfered for a number of years, and had recently completed a year on probation for forging a cheque.

History. His mother for a long time concealed the fact that Kenneth was illegitimate. She was unhappy in her own home and at 19 got married. This man treated her cruelly and died after five months, leaving her pregnant. She had a miscarriage which was probably deliberate. She then took various temporary jobs as a nursemaid. At 21 a man whom she had known two weeks incited her to stay at a fashionable hotel where she shared a room with him. She became pregnant at once with the patient and the father then disappeared. Kenneth was in a hostel with his mother for five months, then placed in a licensed foster-home for a time, and finally was looked after by a married couple who, having lost their own baby, lavished their love on him. When he was 3½, however, his mother re-married and had Kenneth back to live with her. A year after his return home, his mother had a baby girl, and Kenneth returned to his foster-parents for a few weeks. Since then he had remained with his mother and stepfather, though he frequently visited his foster-parents. He had always resented his half-brother and half-sisters, greeting the last baby with the remark: 'Another brat! Now we shall get less than ever done for us.'

The mother was a neurotic woman. When aged eight years she had found a man dead and had subsequently had fits. These were cured by another shock when in her 'teens. At times she got very depressed and threatened the children she would run away. The stepfather was a responsible man who for the most part had treated Kenneth kindly, although occasionally he had got sick of his persistent misbehaviour and thrashed him.

Personality. Since returning to his mother, who was a stranger to him, Kenneth had felt that he 'did not quite belong'. He had always been rude to her, shown her no affection, and been deliberately disobedient. He had a bad temper and was cruel to the other children, especially the eldest. When seven and left in charge of this child, then aged three, he had burnt her leg deliberately. He was indifferent to his mother's attitude, whether she tried quiet talks or harsh punishment. He usually obeyed his stepfather however. He showed keen resentment towards his mother and had frequently blamed her for taking him away from his foster-home where he had been happy. When his stepfather was away he delighted in making the rest of the family cry, including the mother. He then sat down and laughed at them.

He seemed to feel 'above' other boys and always wanted to boss them. As a result he never stuck to his friends. When he joined the Scouts he felt he should be favoured and would not bother to pass the tests. He was apt to say he had a pain when he wanted to avoid something and would run to the school clinic with the least ailment.

He was said to be quite a 'different person' away from his mother and elder sister—much less hostile and cruel. He had only been in his latest school for one term, but he seemed to have given no trouble there—'a good boy in school *always*'. He had, however, truanted from a previous school.

Stealing. There seemed to have been pilfering on and off since he was five. It was usually from his mother and he commonly appropriated pennies intended for the gas. Thirteen months previously he had been concerned with three other boys in forging a cheque for £1 which they cashed at a Co-operative Stores, spending the money at the cinema and on boating.

Examination. On tests he had an I.Q. of 86. He was friendly and co-operative, though perhaps a little too anxious to please. He appeared cheerful and straightforward in the psychiatric interview. He gave an account of the cheque forgery, maintaining that he did not know the cheque was stolen as the other boy said he had been given it by his uncle. His guilt over the incident was shown, however, by his imagining that they had been followed everywhere by police whilst they were spending the money. Although he was seen a number of times subsequently, it was impossible to get any genuine contact with him, and it seemed clear that the initial good impression was quite misleading.

Diagnosis. This boy's complete lack of normal affection together with his indifference and plausibility were all typical of the *Affectionless Character*. He was noteworthy, however, for being actively cruel.

No. 38. *Albert J.*

Albert was aged 9.4 when he was referred by the head teacher of his school for pilfering, lying and staying out all night.

History. He was the illegitimate child of a woman who had been most of her life in an institution for defectives. (The history suggests she may have been psychotic rather than deficient.) Whilst 'boarded out' in her early twenties she had become pregnant by an unknown man. She fed

the baby for ten days and then rejected him. Henceforward he was looked after by his mother's stepsister who at first hoped he would die. At five weeks he was operated on for pyloric stenosis, at eleven months he had bronchitis and pneumonia and at three years he had scarlet fever with middle-ear trouble for which he was believed to have been a long time in hospital. At about nine years of age he had a left mastoidectomy. His foster-mother was a most unreliable witness, however, and it was impossible to discover the extent of his hospitalization in the early years.

This foster-mother, Mrs. J., had herself been brought up in an institution, and seemed an inhibited, joyless type of woman. Her attitude to the boy varied from lavishing every attention upon him and regarding him as her 'greatest pride' to one of passive embitterment and resentment at his ingratitude. She married Mr. J. when Albert was five years old, and immediately adopted Albert legally. Mr. J. drank and was said to beat his wife. The home was disgustingly dirty and the boy gave every evidence of being neglected and badly treated.

Personality. His adopted mother said he was sometimes willing, helpful and intelligent, and at other times quite the reverse. He was not responsive nor affectionate; neither punishments nor treats appeared to have any effect on him. Although given as much pocket money as they could afford he showed no gratitude, and when given toys just broke them up. He was interested in collecting string and in tying himself up in it; on one or two occasions she had found him in bed with his hands and arms tied up. He roamed the streets and had sometimes stayed out all night; once or twice he had been brought back by the police. Since his foster-mother's marriage, which he regarded with great pleasure, there had been persistent lying. Since the operation for mastoidectomy at nine years he had been given to sitting and looking vacant. At his infants' school he had the reputation of being an 'abominable liar', and later school reports were that he was a 'bad character'. His few friends were said to be undesirables.

Stealing. The pilfering was of some years' duration and appeared to have started when he was six, at which time the adopted parents kept a lodging-house. He took coppers from the till and bought sweets which he gave to other children. He also stole a new bicycle in spite of having a fairy cycle and a child's bicycle of his own. More recently 2*s.* from the adopted mother's purse was found intact on him in school. He had also taken a shilling carton of cream from a neighbour's doorstep and his teachers had found on him a pen, a compass, and a pair of roller skates.

Examination. He was found to have an I.Q. of 98. During tests he seemed a normal, friendly boy but rather stolid. At the first psychiatric interview he seemed friendly and communicative. Later this was found to be very superficial. He was plausible, always had a good excuse and was given to 'hard luck' tales. He was distractable and at once gave up a game if he were not winning. He cheated unscrupulously.

Diagnosis. His unresponsiveness, superficiality, lack of affection, wandering and persistent lying all pointed to his being an *Affectionless Character.* On the other hand tendencies to sit vacantly and to tie himself up with string suggested the possibility of a schizophrenia developing. Owing to the inadequate history it was difficult to know whether this boy had suffered serious hospitalization in early life or not. There was no doubt, however, about his psychopathic heredity and extremely bad home environment since he was five.

No. 39. *Roy D.*

This boy was 7.6 when referred by the School Authorities for very extensive stealing and truanting.

History. Roy was the second of two children, the other being a boy of ten. This elder brother had always been exceedingly good, 'too good for a boy'. The father was a skilled workman and foreman in a factory. He was said to drink but not to be noisy or argumentative. The mother showed a lot of resentment against him, saying that he did not want children and never took any notice of them. He had never been out with the children since they were born. The mother was a carefully-dressed young woman of 30, who was anxious to look after the boys. She herself had had a difficult upbringing, her mother having left her father and finally been divorced. She described herself as 'a bad mixer'. In connection with Roy, she said: 'I cannot get to the bottom of him, I just can't work him out. I have idolized him, given him everything. I am not cruel but I am very strict, and always keep my word. I hit him once and went into hospital for it, I was so worried. I cried and was run-down.' This suggested that her attitude towards him was confused and ambivalent. Roy was somewhat precocious as an infant and at six months, it was said, would eat fat bacon and fish. Owing to the older boy being dirty until three, his mother trained Roy strictly and he wore no napkins after ten months. He walked at one year, was strong and daring: 'he never seemed to be a real baby.' In spite of having whooping cough, chicken-pox and measles, he was said never to have been in hospital and never away from his mother until he was 5½ when his mother was in hospital with appendicitis. During this time Roy was looked after by his mother's parents.

Personality. He had been a very good baby, but of recent years he had become something of an enigma to his mother. It was difficult to know whether he was ever affectionate towards her, but at school he was noticed to be solitary and in-

different. There were times, however, when he was very happy at home, dancing and singing to the radio. He did not like school, but always wanted to learn 'what big people know about'. He had truanted regularly, alone, for the last two years. When found he generally gave a false name and address and was very ready with plausible excuses on other occasions. There were times when he had periods suggesting *petit mal*. He dropped his eyes, flickered his eyelids and spoke his thoughts aloud. This might go on for several minutes. He had had no major fits or temper tantrums.

Stealing. This began when he was five and was always carried out alone. He sometimes brought the stolen objects home, saying he had got them from a friend. He had stolen an extraordinary variety of things, from toys out of shops to live rabbits which he had killed. All his life he had hoarded things, some of value, some rubbish. In spite of the fact that his brother always told his mother, Roy constantly confided his misdeeds in him.

Examination. On tests he had an I.Q. of 107. He seemed to be getting through them with as little effort as possible, and did not seem to care how he got on. It was difficult to make any contact with him. In appearance he was an under-sized, cheeky-looking little boy, dirty and untidily dressed. In spite of coming in with a smile on his face he proved to be very uncommunicative, and the psychiatrist never got beneath his reserve.

Diagnosis. The diagnosis in this case was not at all clear. For various reasons an exhaustive account of his personality was not obtained and he was never seen in one of his 'fits'. There were certain features suggestive of an *Affectionless Character* and others of a *Hyperthymic Character*. The ætiology was also obscure, although the father's unfeigned dislike of the child and his mother's ambivalent attitude were probably important factors in the development of his antisocial character.

No. 40. *Charles K.*

Charles was 13.2 when first seen at the Clinic. He had been stealing money and food from home for at least five years and had also truanted from school for nearly five months during the past year. Recently he had taken to staying out till eleven at night. He was referred to the Clinic by a religious body to whom his mother had applied for help.

History. He was the third of five brothers, one of whom had died before Charles was born. Another brother died when Charles was an infant. The remaining three lived with their parents, although the mother was out at work and the grandmother looked after them. The mother, who was at a loss to know what to do with her son, was regarded as a pleasant woman. The father, however, was a violent man who showed psychotic symptoms. He was extremely mean and jealous and constantly imagined that his wife was unfaithful; he had even attempted to strangle her. His own father had attempted suicide after attacking his landlord and had been certified. Charles's early development was uneventful. It was a normal pregnancy and birth. He took the breast easily and there were no difficulties over feeding. He was always very quiet, never restless or screaming. He developed normally and was easily trained in cleanliness. During Charles's early months the second boy had died, which had upset the mother very much. As a result she had had very little use for Charles and felt that she had neglected him emotionally during her mourning. He had never been away from home.

Personality. He had always been very quiet and reserved, showing no affection for either parent. He was unsociable, silent and made no friends. But he was extremely amenable and willing to help at home and when he had money would spend it on the family. He lost his temper only very occasionally. If reprimanded or punished he appeared upset for a few minutes and then began drawing and forgot all about it, never complaining. He washed himself frequently, was particular about his appearance, ate enormously and bit his nails. He had recently changed school, partly on account of truancy and stealing from the previous one. At his new school he was noticed to be solitary. He was quiet, gave no trouble and was in general one of the best boys, both in regard to work and behaviour, except for the stealing.

Stealing. Although the pilfering was first noticed at school, he had been stealing food from his mother since he was eight. Recently the pilfering had been persistent and included not only food and money, but also useless things like a tin of baking powder, his father's razors, army discharge badge and a bullet. He had also taken his older brother's suit for a fortnight. On being asked, he said he did not know why he did these things, and his mother felt that he genuinely did not know what he had done with them. His father had thrashed him very severely for the stealing, but this had had no effect on the boy.

Examination. On test he was found to have an I.Q. of 122. Although responding a little to friendliness he was noticed to be very withdrawn, apathetic and seemed indifferent to the situation at home. He failed to give any account of his pilferings. He showed no evidence of hallucinations, thought disorder or obsessional thoughts, but complained that he had truanted from the previous school because the boys had been nasty to him. He was fond of drawing, but extremely unimaginative. Either he made complicated abstract patterns, or else copied illustrations from books. On one occasion he copied a picture of tourists looking at the sphinx and pyramids. This he

copied very accurately but omitted the people, apparently unconsciously.

Diagnosis. This boy showed many of the characteristics of the *Affectionless Character*. The fact that his father was probably psychotic and his grandfather had been certified suggested that in this case there was an inherited disposition towards an abnormal character and it would be quite reasonable as an alternative to regard him as a shut-in *Schizoid*. It is possible that his mother being in mourning during his early childhood had had an unfavourable effect on his character, but the genetic influence is likely to have been predominant.

Group F. Schizoid Characters and Schizophrenics

Only four cases are included in this category. One of them, No. 41, Rosemary B., may well belong to the Affectionless group, and is included here on rather slender grounds. On the other hand, No. 40, Charles K., of the Affectionless group might well be included amongst the Schizoids for reasons already given.

No. 41, Rosemary B., was a girl of 16.2, who had stolen a great deal of clothing and linen from her employer. She hoarded it in her suit-cases together with waste paper and soiled sanitary towels. She showed an obsessional fear regarding her brother's safety. She was said to be kind-hearted and loving but it was difficult to know how deep this went. She was a slipshod worker, day-dreamed a great deal, and appeared unashamed of her stealing. She was promiscuous in her advances to men. She had had an unhappy home life. Her father deserted when she was a baby (exact age unknown) and she was sent to an aunt until she was six. She then returned to her mother, who was living with another man and possibly carrying on a generally immoral life. When her mother died six years later Rosemary was placed in an Institution. She was said to have given no trouble during the three or four years there ; the stealing had only developed since she had been placed in service a few months previously. The diagnosis was not very clear in this case. She suffered from congenital syphilis, but careful clinical and serological examination excluded G.P.I. It was not unlikely that she was really an Affectionless Character, with a superficial friendliness which was misleading. On the other hand the hoarding of used sanitary towels and her dreaminess suggested a tendency towards Schizophrenia.

No. 42, Peter S., was a boy aged 8.10 and I.Q. of 102, who did a certain amount of odd stealing both at home and at school but whose chief symptoms were his uncontrolled violence, his spitefulness and phobias. He was extremely attached to his mother and violently jealous of his younger sister and brother. He was terrified of the dark and extraordinarily suspicious of the Clinic, giving the impression that he had genuine delusions. His play was also at times 'quite crazy', whilst on several occasions his blind destructiveness and violence threatened serious damage. Although somewhat speculative, a schizophrenic basis seemed probable.

No. 43. *Alan E.*

Alan was 9.6 when referred to the Clinic for pilfering and soiling himself. His father had become worried about him and had taken him to the Court for advice ; he had not been charged.

History. Alan was the fourth child of the father's first marriage. The first two children had been girls and the third a boy, William. Two years before Alan's birth William, then aged 6½, had been run over in the street and killed. His mother was extremely upset by this, became depressed and self-reproachful. The father and mother decided to have another child to replace William and so Alan was born. He was very like William and his mother felt it was as though she had her first boy back again. She became excessively attached to the child and for obvious reasons very over-protective. Development was normal and rapid, although not quite so quick as with William. When 1½ he was badly mauled by an Airedale and bitten in several places. Not unnaturally his mother became even more anxious and apprehensive after this. When Alan was three, his mother, who had been seriously depressed all his life, became strange in her manner, tried to strangle him, and later attacked the father. Finally, when Alan was five, she went to a mental hospital and died two years later. The diagnosis appears to have been manic-depressive psychosis.

Alan was very upset by his mother going to hospital, and again when she died, although he had not visited her. For the first twelve months after her admission to hospital he remained with his father and 21-year-old sister. After his mother died, he went to live with his grandmother for six months, during which time his father re-married. For the final eighteen months he had lived with his father and stepmother, who proved to be a quick-tempered, irritable woman who soon conceived a deep dislike of Alan. The father on the other hand was sympathetic and friendly towards him and took his side against the stepmother. When Alan was nine, a stepsister was born. He was bitterly and openly jealous of the baby and the parents became afraid to leave him alone with her.

Personality. It was extremely difficult to get a clear picture of the boy's personality, but there was good evidence that he varied from appearing a relatively normal boy to giving the impression of psychosis. He had been devoted to his mother and upset when she went away. There was some evidence that he had been an obsessionally good

and clean boy in his earlier years, although from three onwards he had been enuretic. After his mother went to hospital he seems to have become dirty and untidy, but it was only after his father re-married that serious trouble had begun. From the first he was jealous and antagonistic to the stepmother. He lied persistently to his father about her, trying to put him against her. There was open jealousy of the baby. He lost his former happy look, and became sullen and unresponsive. At times he would have violent outbursts of temper, saying no one wanted or loved him. He spent his time at home reading, or tearing and breaking things. He was quarrelsome with other children and disliked groups, refusing to go to Sunday School or Cubs. Towards his father he was demonstrative, but showed little positive feeling towards anyone else. If accused of stealing he would insist he was innocent, then later confess voluntarily whilst showing not a trace of remorse or shame. The school had had no complaints to make until the stepsister was born. Up till then he had been an exceptionally forward scholar, 'very punctual and almost perfect in his attendance'. He had then begun coming late, finally giving as his excuse that his stepmother neglected and starved him.

Symptoms suggesting Psychosis. For the past three months he had soiled himself with fæces, rubbed his hands with it and hidden it in cupboards and behind the bath. He had also hoarded newspaper. He seemed to have the idea that all the boys at school were against him. Moreover, he talked to himself persistently 'as though there were someone else in the room answering him back'. At other times he remarked that things seemed queer, that 'there was something in the room and then it's not there'.

Stealing. The stealing had only been noticed since his father re-married eighteen months previously. He stole money and his stepmother's jewellery. This he sold to get more money. He then bought toys, which he immediately picked to pieces to see what was inside.

Examination. On test he was found to have an I.Q. of 140, and to have excellent and precise reasoning power. He was very polite in an old-fashioned way and curiously imperturbable. His facial expression appeared normal and he seemed bright and talked readily. He said he preferred playing alone at school, because the boys tried to get him into trouble. His description of breaking up the toys after he had bought them gave the impression that it was sometimes a compulsive action. His reason for rubbing his hands with fæces was that another boy had told him it was a good thing to do, suggesting it was in some way curative. There was no evidence, at the examination, of thought disorder or hallucinations, but he was observed to talk to himself in the lavatory.

Owing to his stepmother refusing to keep him, Alan was sent to a foster-mother. For nine months he gave no trouble. He was truthful, clean, respectful, enjoyed indoor and outdoor games and appeared happy. He got on well with the foster-mother's two sons aged 9 and 16. He had gone errands and returned with correct change. He was specially clean and washed very thoroughly. But after nine months all his symptoms reappeared—pilfering, soiling, hiding fæces, truanting, defiance and so on.

Diagnosis. There were very many symptoms of psychosis in this boy. There was a history which suggested hallucinations and this, together with the play with fæces which seemed to be connected with ideas of magic, made one suspect *Schizophrenia.* His mother had been psychotic, but there was no clear evidence that hers was a schizophrenic psychosis.

No. 44. Edward N.

Edward was 15 when referred to the Clinic by his parents because he had no interest in life or himself, was moody, unable to concentrate, untruthful, and had recently housebroken.

History. His mother died when he was ten days old and he was then looked after by her parents who treated him as 'an animated doll' showing him off to everyone as 'Lily's baby'. He was not allowed to mix with other children nor to get dirty for a moment. At 3½ he was returned to his father, who had re-married. He was found to have a rupture and so was immediately sent to hospital and was away for five weeks. On returning, his attitude towards his father and stepmother was extremely hostile and he told them that his auntie had told him to take no notice of them. His stepmother had two children, a boy and a girl, towards whom he was hostile and jealous. His father had had a serious breakdown five years previously following excessive work. He had been extremely depressed and on the verge of suicide for two years; he then improved but remained very nervous. No other mental disease in the family was known.

Personality. It appeared that he had never got on with his father and stepmother, being always hostile and destructive and showing no affection. He had never told the truth. Recently he had become more and more vacant and had apparently acted peculiarly, though his father could not specify. He often sat on a chair looking straight in front of him without expression. He had tried various jobs including gardening and housework but had failed in all of them.

Stealing. There had been accusations of his stealing things from his employers for some months. Recently he had been found asleep at his work-place in the morning, having broken into the house and taken some food. He described how he had gone to the cinema without his parents' permission and had been so frightened on his return that he had not dared to face them.

Examination. He was found to have an I.Q. of 94. His thinking appeared confused and he perseverated in the same mistake. His answers were roundabout and redundant. He was small, thin and untidily dressed, his hair on end and his eyes staring. He talked readily but intensely and without humour. At times he went blank and missed a question and once or twice made irrelevant replies. He said he had felt miserable ever since he remembered. There was no evidence of delusions, hallucinations or feelings of being influenced.

Diagnosis. The description of this boy's previous character suggested that he had been either a shut-in Schizoid or else an Affectionless Character. Perhaps he could have been regarded as a mixture of the two. When seen he appeared to be in the early phases of a *Dementia Præcox.* Both his heredity and early environment appeared to have been pathogenic.

In the last three cases the stealing was not very pronounced and was of subsidiary importance in comparison to the other symptoms.

Comparison with Controls

In comparing the types of character found in the control group with those found in the delinquent group one is struck by one outstanding difference. Amongst the controls there are no Affectionless Characters. Instead there are more depressed children and eight children of a type not found amongst the thieves. This is the good, over-conscientious, priggish child who has developed a symptom such as a stammer or a phobia. Since some of these personalities develop Melancholia (2), it seems not unlikely that the psychopathology of these conditions is closely related to that of Melancholia. The comparative diagnoses are shown in the following table:

Table VI

Distribution of Thieves and Controls by Character Type

Character Type	Thieves	Controls
A. Emotionally 'Normal'	2	3
B. (1) Depressed	9	13
(2) Priggish—Symptoms of Anxiety or Hysteria	—	8
C. Circular	2	1
D. Hyperthymic	13	10
E. Affectionless	14	—
F. Schizoid and Schizophrenic	4	9
Total	44	44

The presence of 14 Affectionless Characters in the delinquent group and their total absence in the control group is of course statistically significant.[7] The specific association of the Affectionless Character with stealing is thus demonstrated. This association becomes even clearer if we plot the degree of stealing against the character type, which is done in Table VII.

Table VII

Distribution of Thieves by Character Type and Degree of Stealing

Character Type	Degree of Stealing I	II	III	IV	Total
Emotionally Normal	—	2	—	—	2
Depressed	1	4	3	1	9
Circular	—	—	2	—	2
Hyperthymic [8]	2	2	2	7	13
Affectionless	—	—	1	13	14
Schizoid and Schizophrenic	—	—	2	2	4
Total	3	8	10	23	44

Thus 13 of the 14 Affectionless Thieves (93 per cent.) are in Grade IV. This incidence is significantly higher [9] than the incidence of Grade IV stealing in the remaining groups, which is 10 out of 30 or 33 per cent. In other words delinquents of an Affectionless Character are far more likely to steal in a persistent and serious way than are delinquents of other types. Furthermore it will be observed that children of this character constitute over half of the persistent offenders, 13 out of 23 or 56 per cent. From these figures we may conclude, first, that a considerable proportion of the more serious cases of juvenile delinquency are of the Affectionless Character and secondly that children of this character are not only almost invariably thieves, but that they typically steal in a serious and persistent way.

Nomenclature

It is convenient at this point to compare the classification used here with that more commonly in use. The term *Psychopathic Personality* has in my experience little scientific value because it is applicable to such a variety of characters who, despite a superficial similarity, are extremely different in psychopathology. Amongst them are to be found many Hyperthymic Characters, some of the more active Affectionless Characters, and also a few hysterical and anti-social Schizoids.

The diagnosis *Morally Deficient* is open to much the same criticism. It can be applied to a great variety of characters which have but one point in

[7] Chi-squared equals 15·98 for one degree of freedom. P is less than ·01. (*Note.* P is less than ·01 when the chances of the figures being due to chance are less than one in a hundred.)

[8] For the purposes of this table No. 23, Edward N. L., is included under Grade IV.

[9] Chi-squared equals 11·27 for one degree of freedom. P is less than ·01.

common—an imperfectly developed moral sense. Another great objection to the term is its implication that Moral Deficiency can be compared in its nature and origin to Mental (intellectual) Deficiency. For their comparison is almost certainly mistaken. In the first place the moral feelings are not absent in a simple quantitative sense. On examination they are usually found to be present but severely inhibited. Often, in fact, the anti-social behaviour is undertaken in defiance of feelings of guilt which are too overpowering and alarming to be consciously accepted: 'I'll show you I don't feel guilty—I'll do it again!' In the second place it is most unlikely that, except possibly in a few cases, the absence of normally developed moral feelings is due to heredity, as intellectual deficiency is believed to be.

This last objection holds good also to the use of the diagnostic label *Constitutional Psychic Inferior*. In contrast to Psychopathic Personality, which is applied to an active anti-social character, this title is given to a passive and spineless delinquent. As such it includes a few chronically Depressed delinquents and a number of the more apathetic Affectionless types. Landers (9), for instance, describes a good example (Case B.) of the latter type under this diagnosis. In my view the term 'Constitutional Psychic Inferior' is undesirable on at least three grounds: (i) it covers too wide a field, (ii) it carries with it a moral stigma, (iii) above all, as with the diagnosis Moral Deficient, it presupposes the ætiology to be constitutional. As we shall see in the following section there are powerful reasons for believing this view to be false.

A SUICIDAL SYMPTOM IN A CHILD OF THREE[1]

By MARION MILNER, London

The analysis I am about to describe is of Rachel, aged three, who came for treatment because of an acute inhibition of eating. I am going to try and give an account of what she seemed to be doing in her play and show some of the evidence leading up to my main hypothesis of what she was actually trying to do when refusing to eat. When I was actually working with the child it certainly seemed to me that the hypothesis I am about to put forward explained a large number of the facts of her behaviour; but when I came to consider how to present the material I did not feel certain that I might not have made certain theoretical assumptions that I could not substantiate from the evidence. It is true that the child got better, but I did not feel this was sufficient proof that what I had tried to tell her was necessarily the true explanation of what she was doing. In fact, I began to consider the whole question of the sense of conviction of the truth of one's interpretations which I suppose every analyst has, at least much of the time, when conducting a successful analysis. And I came to the conclusion that in fact I could not prove my hypothesis at all from the material, for though the material in the analysis may seem to provide convincing proof, for the analyst conducting it, of the truth of his theory, for anyone else I think it can only provide illustration of the theory. I think this must be so, since the material presented to anyone else must always be a selection from the great richness of varieties of behaviour (including gestures, manner, tones of voice) and must therefore always be selected on the basis of some theory; thus one can never prove that one's selection of the material is unbiased and that one has not omitted other facts which would prove some different theory. Thus I thought that the only way of evaluating the conclusions, as distinct from illustrating them, would be by trying to show their utility in explaining other facts, beyond the analysis, and in throwing light upon other psychological theories. With this in mind I had intended to test some of the theoretical ideas emerging from this analysis by considering their relation to quite different scientific theories, in fact, to certain formulations of general psychology. I had thought also that by trying to formulate the conclusions in terms which the general psychologist, with his more thorough training in scientific method, would consider valid, I might achieve something else: I might avoid the danger of slipping unawares into the uncritical use of concepts which may be common coin amongst psycho-analysts, but which I might not have sufficiently defined in my own thinking.

Clearly, however, such a task was impossible in a single paper. I have therefore limited this paper to the presentation of the material and hope to try and relate the findings to certain aspects of general psychological theory some time in the future.

The analysis, which the mother brought to an end after 118 sessions, began when Rachel was two years and nine months old; and it was carried out with the help of weekly discussions with Mrs. Klein. The disturbance in eating was so acute that just before coming for treatment the child had refused all food and drink for three days. She was a pretty, dainty, intelligent little girl and the mother reported no other symptoms, but under analysis it became clear that she had many deep-seated difficulties: her charming ways had a hint

[1] Read before the British Psycho-Analytical Society, June 21, 1944.

of artificiality which soon showed itself to be an expression of very deep mistrust of herself and others.

Here is a brief account of her history, as given by the mother. She was a first, and, so far, only child, born prematurely at eight months, weight 4 lbs. She was at the breast for two days, till the milk failed, and at four months she was only 6 lbs. in weight; she then had three weeks in a nursing home, then showed steady gain till one year, but had measles at eighteen months. She was spoon-fed at ten months and took the food well, but difficulties began when she started sitting up in a high chair: she would only eat when her mother interested her in something else. Difficulties increased till one day she ceased to eat or drink (she was just over two), and signs of dehydration developed. A specialist suggested leaving bits of food about the house and this worked for a time. After this she insisted on sitting on her mother's lap, saying 'Mummy feed me', for a period of six months. Then she went to a nursery school and again began refusing all food, at school and at home, and screamed when her mother offered it, and again took nothing at all for three days. While she was waiting to begin the analysis her mother sent her to her grannie, where she ate enormously and was happy, but when her mother arrived she at once asked to sit on her lap and again refused to eat. She was brought home to begin the analysis and would eat a little for breakfast if her father gave it and her mother was not in the room. After the first day of analysis she would eat a little, provided that she could feed her mother with half of it from her own plate. Her mother reported that in character she was extremely independent, always refusing help at school, wanting to do what the older children did and wanting to use an adult knife and fork at meals; she played happily by herself, had many friends and slept very well. She slept in the parents' room till eighteen months, but her mother insists that she always seemed fast asleep during parental intercourse.

I will now try and describe first certain main lines of the child's play during the analysis. Incidentally, there was a technical difficulty, in that the child, contrary to her behaviour at home, would not at first allow her mother out of her sight; so, at least until the ninth session, most of the analysis had to be carried out in the mother's presence. And even after the ninth session the mother was continually being fetched into the playroom for short periods.

Throughout the analysis her play continually showed that she wanted to destroy something, for she would cut up paper, day after day, and she continually tore up red flowers (fuschias) which she would bring in from the bush at my gate. She also gave many indications of why she wished to destroy something, for, time and again, she showed that she felt something was being withheld from her. For instance, she continually wanted to open another child's drawer and asked why she could not. And often, beginning in the second hour, she tried to scratch open the painted door of a little wooden house, and asked who was inside and why it would not open, sometimes, as in the fourth hour, shaking it and pretending she could hear something rattle and saying: 'There's a man inside.' She also continually showed that she felt something was being withheld from her in a tantalizing way, only she did not show this directly: she acted it out by tantalizing me, giving me the flowers she had picked to eat, and then snatching them away again and shouting 'Don't!' Actually this stopping my eating them was also what she did to herself in her refusal to eat; for in the first hour she began by sitting on her mother's knee and looking at the toys, but not allowing herself to play with them; instead she made gnashing movements with her mouth. And when she did begin to play with them she often pulled off the feet and arms of a little man and also cut at the wooden house, again gnashing her teeth. But she also showed that she wished to repair what she had destroyed, for she told her mother to take the man home and mend him, and she often tried to stick on the man's feet herself with gum, though she always pulled them off again. In the sixth hour she actually tried to put the gum all over her mother's breasts. She also tried to show what it was that she wanted and felt was being withheld from her; for she indicated, I think, that it was all that her mother had that she wanted, by often making her mother or me sit in a certain spot in the room, and then herself taking her mother's place, or mine. In the fourteenth hour she showed how this feeling of what she wanted being withheld from her provoked a desire for bodily attack, for she suddenly said that she wanted to bite my finger.

Having shown that she felt she wanted something that she could not have and that what she wanted to do with it was to bite it and eat it, she also showed what she felt happened to things she ate and why eating had become so dangerous: not only because of wanting to eat things that must not be eaten, but also because of doubts about what happens to what one eats. For she showed that she was concerned with the fact, not only that eating means biting, but also that things you eat disappear and she did not know what they turn into. She showed this doubt partly by a continual interest in her urine and fæces, and, for instance, by once asking me: 'What do you think weewee really is?', and by testing water from the tap in various ways, sometimes taking it in her mouth and spitting it out and saying it was nasty, sometimes wanting to mix water and urine and wash the toys in the mixture, and so on. But

she also showed that eating had become dangerous because she was so uncertain about what any external object, whether food or toys, really was. For once she had brought herself to play with the toys she continually expressed uncertainty about what they really were. She would take a dog kennel, for instance, and say it was a tea-pot and use it for her play of pouring out tea, but then say: 'Is it really a tea-pot?' And often she would reverse phantasy and external reality, telling me to eat something 'really and truly' when she meant 'pretend to' and *vice versa*. Of course this may have been partly a difficulty of language, but I think it also expressed an inner doubt and inability to separate external and internal reality. For she seemed to be saying that she had no means of knowing whether the actual food which her hunger made her want to eat was not also at the same time the forbidden thing which she felt was being withheld from her. And I think we can connect this doubt and uncertainty about the difference between ideas, phantasies, in her mind, and external realities, with her doubts about her own feelings and wishes; for she wanted to play with the toys, but could not allow herself to, she wanted to feed me with the flowers, but snatched them away again. And I think, also, that it was because she wanted to eat up everything she liked, as symbolized by the toys, and because she felt she had actually done so, as shown by her feeling that there was a man inside the little house, that she could not distinguish between something that was only in her mind, inside her, and the external reality. For she went on to show how she felt that taking food inside her was as if she was taking in the actual people who were the objects of her longings and angers, but also showed a whole series of doubts and fears about what it was she really had inside and what happened to it. This sense of confusion was dramatically shown in the eighteenth hour, when she put two dolls and a pig and a car in the kennel saying 'That's Daddy and Mummy' and added 'That's bread and butter' and then tore fiercely at some paper, rattled the kennel, and tried to dig the toys out again with a pencil. Then she suddenly sat back, whimpering, put her hand over her eyes in a dazed way and said: 'Have I had my breakfast? Yes, I have.' And I think it was this doubt about what she had got inside, whether we see it as doubt about the nature of her own feelings or doubt about what she felt she had in phantasy taken inside, that linked with her inability to eat in her mother's presence. For if what she wanted, and felt that she could get by eating was all that her mother had, then she could not feel sure that her mother was not a dangerous person who was robbed from and eaten up. This mistrust of her mother emerged very clearly in later play about a 'nasty lady'. It also showed in some very interesting material in which she accused me of stealing her voice. Thus, after frequently telling me that I must not talk because I was a baby, she said one day in the forty-sixth hour that I must not have any toys, and when I asked why, said it was because I had taken her voice. She then began to scribble and said she was drawing her voice. In the fiftieth hour she said, having just put two bricks in her own mouth: 'You're greedy, you want to bite my voice, take away my voice.' And in the fifty-second hour she showed, I think, the connection between voice and her father's penis by interrupting some interpretation of mine, in which I mentioned Daddy, by screaming 'You mustn't, that's my song, you mustn't', and hitting me and adding: 'He's my Daddy, not yours, you haven't got one.' Later she again talked of my stealing her voice when I was trying to give an interpretation. In fact, it looks here as if my voice, by which I gave her the interpretations which she needed in order to get better, became the symbol of all goodness, of all she wanted from her father and felt her mother was withholding, and of the breast that her mother took away so soon—of all she wished to steal and which she felt would therefore be stolen from her. I think also that this doubt about her own feelings partly explains what was a marked feature of her behaviour in general, that is, a subtle artificiality. She was a most gifted little actress, and once, when making me play the part of a crying baby, she was so disgusted with my poor performance that she gave me a demonstration of how I should do it, giving a most heartrending portrayal of passionate sobbing and despair. It was as if everything she did was half pretence, as if she felt that to express her real feelings was far too dangerous, since they were so jealous and destructive. And it was only quite near the end of the analysis that she was able to burst into a fury of genuine indignation on discovering that I possessed a bicycle.

Now I should like to return for a moment to the material following the doubts about her breakfast; for in the next hour, the nineteenth, she pretended to cut my coat with scissors and wanted me to do the same to her, and also spent a long time undoing and doing up the zip fastener of her mother's trousers. And in the next hour she showed more than usual anxiety at being alone with me and had a hallucination that her mother was calling her; on her way up to find her mother in the waiting-room, which was on the floor above the playroom, I interpreted her fear of retaliation from me for her wanting to cut and bite me, and as she went in to her mother she said to her: 'Someone bit my finger.' It will be remembered that in the fourteenth hour she had wanted to bite mine. It was after this hour that her mother reported a very marked improvement in her eating.

Having shown this projection of her desire to bite by the feeling that someone outside had bitten her, she gradually began to show, during

weeks of analysis, how she felt that the thing she had injured was also inside her and attacking her from inside. In the seventy-sixth hour she struggled to deny this feeling, for she began by tearing the flowers she had brought and putting them in two piles, and then said 'I can skip', and began to demonstrate it. She then found a leaf and said: 'Does it prick? Let's pretend it's pricked us both and put cream on!' Then she found a torn bus ticket, and put it in her mouth and said: 'My leg doesn't hurt.' And then she saw the loose leg of a stool which she had previously tried to pull off and now touched with her foot, saying: 'It pricks', and then threw the stool away. Here I think we can say that she wanted to show me that she could skip in order to try to feel that she was all right inside, full of life and skills; or, in the language of the unconscious, having a good uninjured penis inside. And she continued to try and uphold this belief by denying that her leg hurt; but what she was really feeling was that the pricking leaf and the leg of the stool which she had injured, which she had eaten, as she ate the flowers and the torn bus ticket, were now inside her and making her leg hurt so that she could not skip. In the end she tried to get rid of the persecuting injured stool, as if by defæcation.

In the next part of the analysis we shall see, I think, her gradual realization that it was her own angry and greedy impulses that were worrying her. She gradually came to realize more and more deeply that the thing that she felt was inside and attacking her, the pricking leaf, was also the biting cutting scissors with which she had tried to attack me—her own greedy, angry wishes, like a greedy mouth possessing her within. I will now give an account of certain hours occurring a little later which led up to what seems to me a very clear indication of the feelings underlying her play in the first hour when she refused the toys. For she gradually showed how she felt herself to be such a danger to her mother and everything inside her mother that she felt that she herself ought to be got rid of, that she herself ought to be dead. In fact, it is material which seems to me to show that the refusal of food had in itself a suicidal intention, as well as being the attempt to protect herself against taking inside something which she felt was injured and would therefore attack her and destroy her from inside. Actually there was a new external factor influencing these later hours: her mother's second pregnancy. But I think the conscious knowledge of the new baby only reinforced phantasies that she had been struggling with all the time, of there being something inside her mother which she wanted to get for herself, something which she wanted both to destroy and to save.

The play which I now wish to describe occurred on her return from a month's summer holiday. Her mother reported that during the first week of the holiday she ate very little indeed, but that after that feeding was normal and it did not seem to matter whether her mother was present or not. The mother also told me of her own pregnancy but said she had not yet told Rachel. But she said that Rachel often took her own baby-clothes out of the drawer and that she (the mother) always told her that they were being kept for the next baby.

The play in the first hour of return was very confused. She talked a lot of gibberish, but also said: 'Are you as tall as Daddy? Have you a Daddy? I'm as tall as Daddy.' And finally, when sitting on her pot, she said: 'Kaki is awfully awfully.' In the next hour she spent a long time cutting paper and at intervals made such remarks as 'I've been on holiday, you haven't', 'I've had my tea and dinner, you haven't', 'I've stroked Jenny, you haven't', 'These are *my* shoes, not yours', 'My finger's bigger than yours'. She had begun the hour by giving me a sweet and taking the wheelbarrow up to her mother, and I now interpreted that she had done this because she felt she had taken everything for herself and left me, representing her mother, quite empty, so that she now wanted to give something back. Her answer to this was: 'Let's walk closer together', and she then took some toys in her pinafore and gave me a few. The tone of her remarks about what she had and I had not, had been triumphant and taunting, but now her mood changed, and she began a new game in which I was the baby and she the mother going to hospital. She had taken my ring off and now, with her back to me, folded it in paper, saying: 'No darling, you can't have it.' Then, turning to me, she said: 'It's soap, really and truly soap, really and truly put it in your mouth!' and put it in her own. Here I think it seems fairly clear that her triumphing over me, at the beginning of the hour, could not last because she was too afraid that her mother, from whom she felt she had taken everything, was ill, and therefore must be in hospital. This meant that now *she* had to become the mother who restrains the greedy baby, that is, herself, and say: 'No, darling, you can't have it.' *She* was now playing the part of the super-ego, but it was a kind and gentle one, in marked contrast to the cruel one that she dramatized in the next few hours.

In the following hour she continued to make me be the baby and showed me in various ways how a mother should treat the baby—partly satisfy it, partly restrain it. There is a little gate at the top of the stairs between the waiting-room and the playroom, and she shut this between herself and me, calling it a cage; and she then went into the waiting-room saying she was going to get meat for me from the butcher. The game continued with such remarks as 'Go in your cage, baby', 'Go

downstairs ', ' Go to sleep ', ' Here's your Teddy ', ' Here's balls for Mummy and Daddy and a little one for you '. From the way she treated me, as the baby, wanting to keep me shut up in the cage and sending me away downstairs, I find it very difficult to believe that she did not already know about the new baby, in part of her mind, and also feel resentful that she had not been actually told. For in the next hour she began by talking gibberish and then said : ' You don't know what that is—I do ', and spent a long time trying to smack my face and chest, and saying ' Now cry '. Also she had three-halfpence which she rolled in her vest and then tucked into her knickers and made me try to get from her, shouting ' You *can't* have it, try and get it, cry ' ; and it was here that she showed me so dramatically just how I was to cry. I had to spend almost the whole hour crying, and once she shut me in the ' cage ', saying ' I won't be long ', but telling me to cry and say ' Yes, you will '. When I cried she banged the door on me in a frenzy of dramatic cruelty.

During the week-end her mother told her about the new baby and her comment was : ' How will you get it ? will you buy it ? ' And her mother had answered : ' No, we'll make it.' Then followed a sick attack and Rachel was not well enough to be brought to analysis on the Monday. When the child returned on the Tuesday she repeated much of the same play of shutting me out, as the baby, and making me cry, also feeding me and telling me to choke. There was much playing with her vest and showing me her tummy, and on the following day, she said ' I'll hit your tummy, I'll bite you ', but instead, pretended to feed me with orange juice and said ' Are you ill, baby ?—Say " yes " '. She then became very gentle and loving, and asked ' Baby, do you want to talk to Daddy ? ' and went off to her mother in the waiting-room upstairs, saying ' Daddy, baby wants to see you '. Having brought her mother down, she picked a little man from the drawer and gave him to me saying : ' Baby, here's your chocolate, here's more, but you can't have it all to-day.' The next day she brought in four fuschias, did not tear them, but put them in a row and said ' Which do you want, baby ?—Say " that and that and that and that " ', but added ' You can't have them '. She then repeated the game of leaving me and making me cry, but asked ' Are you sick, baby ? ' and went to her mother, calling ' Daddy, baby wants you '. In the next hour, when asked if I wanted some fuschias, I had to say in a very gruff voice ' Yes, I do ' and she answered ' You can't, they're for Daddy, and I'm going to smack your face, your tummy '. She then told me to go and turn the tap on and let it run, but became frightened and made me turn it off again ; and she then played with two cups, putting the rims together and letting the water trickle out, and saying : ' Baby, do you want to do this ?—Say " yes " .'

Here I think we can say that all this material is very clearly a response to the external situation, first, of not seeing me in the holidays, and second, of being told about the new baby. We can say that she was trying to show how she, as the baby, wanted to have her father's penis, and how she felt she ought not to have it and ought to be stopped, and how she felt that the new baby would be as greedy as she was. Also, judging by the gruff way in which the baby had to talk, she felt the baby and her father identified. But she also felt that, in her anger and jealousy against her mother who would not let her have her father, she wanted to attack her mother with the tap, which seemed to stand for urination. And we can say that she then played the intercourse game with the two cups and told me how she wanted to do it too. We can also say, I think, that making the baby, who symbolized herself, talk in a gruff voice, meant that she felt she had actually realized her wish and got her father inside her. And we can then predict that she would soon be showing how she felt that her mother was now, through being deprived, turned into an enemy. And this was borne out in the next hour, when she played with a spoon, and said to me, as the baby : ' This is Mummy's best spoon, don't lose it—say " I *will* lose it ", snatch Mummy's best spoon ' ; for she then washed my hands, saying ' Darling, I won't hurt you ' and told me to say ' Yes, it *does* hurt ' and snatch my hand away. For I think we can only conclude that it was because the water stood for poisonous urine that there was need to deny that it hurt, and that she was really feeling that her mother was going to do to her what she had wanted to do to her mother with the tap.

So much for what she felt about the external situation after the holiday and for material which I think was clearly the expression of infantile sexual wishes towards the actual external parents. But now she began to show also more of what she felt was happening inside. She began to express ideas which I find it difficult to explain without the hypothesis that she felt she had got the injured mother with the baby inside her. She introduced the material by showing how she felt she got her mother inside, that is, through her bad and greedy mouth. For she brought in a fuschia flower which was fully open and said : ' This has a mouth, tear it up.' (Actually, some time after this, the mother reported that she said at home one day : ' Mummy, I could eat if I didn't have to put it in my mouth.') After herself tearing the fuschia she said to me : ' Cry, and say " I'm the Mummy cooking the dinner." ' In the light of her reference to the mouth I can only assume that she meant, in feeling that she was the mother, that she had taken her inside through her mouth. She then argued about this, trying, I think, to deny it but, at the same time, wanting it ; for she said to me : ' You're not the Mummy, you're only three and a

half.—Cry and say "I'm not three and a half".' She then gave me some stalks to eat, saying 'Spit it out if you don't like it', introducing the idea, which she developed later, of getting rid of the mother she had taken inside. She said: 'I'm cutting your chalks, they're nasty. I'm going to cut your paper.—Say "You're not going to".' When I said this she retorted 'Yes, I am' and repeated it many times in a taunting, quarrelling voice. Here, by the way, it is interesting to compare a piece of earlier material in the fifty-fifth hour, when she had been washing the toys in a bowl of water, fiercely stirring them round, and had suddenly said 'If you come inside me I'll make you cry', and had then added 'What sort of a Mrs. Milner are you?', as if trying to cling to the reality of me in the external world and get away from the idea of what she was doing inside. In this present hour, too, after insisting that she was going to cut my chalks and paper, she suddenly, I think, tried to escape from the anxieties about what she was doing to me inside by trying to cling to the external reality, for she suddenly said 'I'm Rachel Sheridan, you're Mrs. Milner—say that'; but when I repeated it she retorted at once 'No, you're not'. And again it seems that she was trying to defend herself against taking me inside, for suddenly she said 'Say "I won't open the door to you when you come"—Say "I'll hide when you come"', and she made me try and snatch the paper from her. And here I think the external situation was also shown, for the guilt about the wish to snatch and cut the baby was expressed in the idea that I, as mother, must hide to save the baby: it was *she* that should be shut out because she was such a danger to both her mother and the baby and also to her father's penis standing for the baby. For all this time she was cutting a newspaper and threatening to cut me and was saying 'Look, I'm cutting Mummy and Daddy, *your* Daddy' (this was a photo of a man's face in the newspaper).

In the next hour she continually ordered me about saying: 'Stand here! No, here! here! go downstairs! no, come here! Go and play with the children! no, don't go in the road! there's traffic.' And I think we can say that on one level she was expressing her aggressiveness towards the baby—that it was a nuisance wherever it was—but that, on another, she was expressing her concern for the baby, as was shown in the reference to the dangers of traffic, and in her feeling that *she* was everywhere in the wrong place, a danger to everyone. Her mother reported that her eating had been very bad since the sick attack and that she was refusing meat (which she had liked before), always saying it was hard.

Now we come to a critical point in the internal situation, for the two hours following showed a sudden moment of insight into her own guilt and then the emergence of suicidal ideas. After the usual nagging quarrels of the 'I'm. . . . You're not . . .' type, she began smacking my face in a frenzy of real attack, then suddenly wanted to take the wheelbarrow to her mother, and on the way upstairs to her said to me: 'You're a darling, I'm not a darling.' When I said it was 'time' she began to scream, this time real screaming. This was interesting, because, three sessions before this one, she had started piercing dramatized screams for Mummy and had tried to make me do it too, and when I refused she had said: 'You'll go to the doctor and he'll make you able to scream, do something to your throat.' So it seemed that now I, as doctor, had made her able to scream. Her mother reported that her eating was a little better, but that she still refused the foods she particularly liked before.

She began the next hour, the ninety-ninth, with putting the fuschias on the floor and saying she was going to mess them up, then the usual repartee and quarrelling, ending up with: 'Say "you're a naughty Mummy not to let me have a . . . (nonsense word)".' She then absorbedly scribbled in chalk on the newspaper inside her toy drawer and finally tore the paper off saying: 'It's a nasty scribble, I'm going to cut out the nasty lady.' Now these two pieces of material coming together suggest, I think, that the nasty lady was the mother who would not allow her the penis or baby, and that this rival mother was not only an imago precipitated by the external experiences of frustration, but also the rival mother which she felt was inside herself (inside the drawer, in her play) and which she wished to cut out of herself because that was the actual way in which she experienced her own aggressive rivalry towards the external mother: it was her own badness which she wished to cut out of herself, an instinctual impulse within her—but she could not think of it as that, she could only try to deal with it in terms of the frustrating mother who stimulated it. This was confirmed by her saying, in the next hour: 'Cut *yourself*, your leg, pretend to, say "oooooh! help!".' Following this there was much ordering me about and when I obeyed her she continually said that I did it wrong. When I gave an interpretation beginning 'Whatever I do, you say it's wrong because . . .' she interrupted with 'Whatever I do I cut myself' and then 'D'you know, Mrs. Milner? my Mummy got a bleed with a pin.' I then interpreted that the hurt Mummy was inside, like the nasty lady, and she went on pretending to cut her own arms and fingers, then threw the scissors away and said: 'Let's pretend we're dead, we must take our shoes off.' She began cutting the brown fur trimming off her slippers and then suddenly hugged her tummy and went off to her mother saying: 'Mummy, I've got a pain in my tummy.' As she went I interpreted that the pain was the hurt mother and the baby inside: she brought a biscuit back from her

mother, ate it, and then returned to tell her mother that the pain was all right. Here she seemed to be saying that she felt she could not cut out the nasty lady inside without feeling dead herself, also that she felt the nasty lady as equivalent to fæces, that is, the brown fur on her slippers.

The next hour showed the extent to which she felt herself controlled and at the mercy of the nasty lady inside, how she felt she had a real bad agency within herself. For she began by not wanting to stay in the playroom, but, when I interpreted that she felt the playroom was her mother's inside full of the cut-up babies, so that she was frightened of it, the anxiety disappeared and she no longer wanted to leave. Actually I think the interpretation here was only partly right and that the playroom stood more for her own inside, with me as the nasty lady. For she began to cut paper, while I held it, and then said ' *You* made me tear it, *you* made me drop the scissors, you're a horrid Mrs. Milner and I won't open the door to you ', and while saying this she put the paper over her mouth. By this last gesture with the paper she seemed also to throw direct light on her symptom, as if by refusing to eat she could avoid having the nasty lady inside. When I interpreted that she felt I was the nasty lady, the bad mother inside making her do bad things, she yelled and would not listen.

In the hour following she showed the first genuinely loving gesture to her mother that I had seen. She had begun the hour by refusing to come down to the playroom, and when I interpreted again that I was the nasty lady she had said ' You aren't ' and had come down at once. There she made us spend a long time dancing gaily round the table in a very free and happy way. She had often danced before, but it had always been in a highly sophisticated way, wriggling her body and swinging her arms and legs like a music-hall dancer. And once she had twirled round and round like a whirling dervish and said she was the doctor. But now she danced just like a little girl, and finally stopped, saying : ' It's nice, isn't it ? I'm going to tell Mummy.' She brought her mother down and made us all three dance, then ran and gave her mother an affectionate hug. In this hour there was none of the rivalry and possessiveness and taunting that had been so frequent before, and it is particularly interesting that this capacity to show genuine affection followed directly after the interpretation of her aggressiveness in terms of the nasty lady inside, rather than after the many interpretations that I had made previously in the direct terms of her aggressive wishes as such, and not as internal bad objects. She ended the hour by saying to mother ' Mrs. Milner's nice ' ; but this did not last, for, unfortunately, the analysis now had to stop for a fortnight as I was ill. When she came back all the intense rivalry feelings had returned and her aggressiveness against me was very marked. For instance, while washing her hands she threw away the towel, saying : ' I've killed your towel, I'll throw away your head in the mirror.' Thus I think she was again trying to get rid of me inside herself, and in the following hour she showed how strongly she felt that I was inside her ; for she burst into a fury of real tears, and gripped my arm in a frenzy of anxiety when I did not understand exactly what she wanted me to do although she had not told me. It seemed to me that this behaviour could only be explained by the assumption that she felt that I was inside her and therefore *ought* to know, and that everything I did not do was therefore felt by her as an act of obstruction and hostility. Probably also she felt me so hostile because she felt that she had made me ill and that now I was retaliating.

Her rivalry material now showed more aspects of penis envy. After saying one day ' You haven't got toys in your room—I have ', she added ' We've got to hide from Daddy ', as if to say that if she takes the penis her father then becomes the enemy. Actually her mother now reported that Rachel was very clinging with her and uneasy with her father, which reversed the earlier situation ; also she now talked about the new baby, but called it ' he ' and said it would be three and a half. And in the fifth hour after her return she brought her Teddy and cut the hair on its tummy saying : ' He doesn't mind, . . . oh, yes, he does, he's crying.' She then happened to see my bicycle through the window, for the first time, and burst into a high-pitched tirade of fury and indignation, saying ' Someone'll take it, it isn't yours, it's worsable, it's unkindable to have one, they're hard to get, it's too big . . . ' and so on, with much repetition.

In the next few hours anal material was uppermost. She brought a leaf in, tore it to bits and put the bits in her mother's pocket. In the lavatory I heard her say to her mother : ' Mummy, why does kaki and weewee come out of there and not out of legs and eyes ? ' She had shut me out of the lavatory and when she came out I interpreted her not wanting to have me there as to do with feeling that she had bitten me up, like the torn leaves, and now wanted to get rid of me, and that the kaki would show what she had done. She indignantly interrupted with ' I don't eat kaki and weewee ; you said I do, I don't '. The connection between fæces and the nasty lady has already been seen, and here she was showing the fear that whatever she ate turned into fæces, that her mother, and what her mother gave, so easily became the nasty lady, felt as attacking fæces. That it was poisonous fæces and flatus which were the danger to the new baby was shown when later she tucked her doll, Belinda, into the wheelbarrow and said she was ill. In a dreamy voice she explained : ' She got in my pram and in the wind, catch the wind, she didn't like it and she ate some leaves, poison stalks.'

Then she took some plasticine from the drawer and ran round with it, shouting 'Let's pretend there's a real monkey', and shrieked when near the supposed monkey and called out in a different voice 'I don't like you, Rachel Sheridan'; then in her own voice 'Then I don't like you, monkey'. She made the plasticine into rolls and said she was making lovely things for Belinda, and cuddled her, but added: 'The monkeys say they don't like my yellow plasticine.' Here the monkeys seem to have stood for both the real mother outside and the super-ego mother inside, both telling her she must not poison the baby with her yellow fæces.

It was at this time, in November, that the analysis came to an end, as the mother could not continue to bring her; and also the mother did not feel it necessary to go on as the symptom had disappeared and she felt that Rachel was now an entirely normal child. I tried to explain to her that there was still much to be done.

The subsequent history is that the new baby (a girl) was born last April and that Rachel was sent away to a residential school in the country for six weeks at the time of the birth. Her mother reported that she came back quite changed, and though 'eating like a horse' was very silent and withdrawn; also that her face only lit up when she talked to the baby, but if the mother tried to cuddle her she 'went stiff'. This condition gradually improved and now the mother reports that Rachel is quite herself again.

Naturally there are many gaps in this study, both because the analysis itself was so short, and because so small a part even of a short analysis can be described in a single paper. But I will try to summarize here some of Rachel's main anxieties and the ways in which she was trying to escape from them. Her central anxiety seemed to be fear of what she might do, or felt she had done, in connection with her Œdipus wishes, and what might be done to her in retaliation and punishment; and she felt her Œdipus wishes largely in oral terms. Thus if she ate she felt she robbed her mother and her mother then became an enemy. But her father also became an enemy because he also was robbed of his penis. Thus if she ate she felt she would have no one good to turn to at all. Not to eat seemed to be the only way out, at home. But in the analysis she showed other ways also of trying to escape from this basic conflict between her wishes and what she felt would happen if she satisfied them. For instance, she tried to escape in the following ways:

First, by projection: she tried to feel that I was the person who wanted to bite, I was the bad and greedy child, not she.

Second, by denial: she tried to deny the actual fact of her own smallness and dependence, a denial that was shown for instance in her taunting rivalries. Here the mechanism seemed to be that, owing to her early frustration, her own smallness and dependence had become something acutely dangerous, in that it put her at the mercy of such destructive feelings towards her parents. But if she could deny this dependence on them, and make herself believe that she already had all she wanted, and that what she already had was the best, then she felt she would be saved from the angers at not having, which she felt were such a danger to all concerned.

Thirdly, by control: for by controlling her own behaviour according to some imposed pattern, continually acting a part, instead of allowing herself to behave freely and spontaneously according to her own impulses, she felt she could be safe from those impulses. And by so often trying to control me and make me copy exactly what she did, she was, I think, showing me what she was doing inside herself, as well as trying to avoid the responsibility for her impulses by sharing it. For it seems to me that her method of defence by control here included the idea of getting all her external objects, including me, inside herself, and the failure of this defence was shown in her intense anxiety when I did not know what she wanted me to do without being told. It was as if her artificiality was a picture of her internal situation, in which she felt so dominated by the people she had taken inside that she could not be herself at all.

By the vehemence and persistence of her denials we can see, I think, the poignancy of this child's dilemma, and most of all by the fact that her chief defence, the refusal to eat, was a threat to life itself. For if we ask how the instinctive self-preserving need to take food and drink can be so inhibited, if we ask what can be stronger than the instinct to preserve physical life, I think we can only answer that the need to preserve something good to believe in can be stronger. For this little girl felt that if she ate she robbed her mother and her mother then became an enemy and therefore could no longer be believed in. And if she ate she also then had the enemy mother inside her and so there was nothing good to believe in, either inside or out, and life would not be worth having. Thus what she was really doing in not eating was trying to save something good to believe in from the destructiveness of her own greedy and envious impulses.

In a second paper I shall hope to test this idea of a need that is stronger than the need to preserve physical life, against certain general psychological theories about the basic springs of action. I shall hope also to consider certain implications of the material about the nasty lady inside in relation to general psychological theories about how we do in fact come to perceive ourselves and what is inside us. I want to consider certain problems to do with the question of the terms in which a child can, in the years before speech, come to perceive its own impulses; in what terms the child's consciousness,

as the organ of inner perception, apprehends the experiences which this little girl expressed as the nasty lady inside ; and exactly why my putting this experience into words for her had such a marked effect in relieving her anxieties and making her able to show genuine love for her mother.

In conclusion I should like to express my gratitude to Mrs. Klein for all the help she has given me in conducting this analysis.

A CASE OF STAMMERING [1]

By RUTH D. USHER, London

I have called this paper ' A Case of Stammering ', not because speech defect was the only symptom, or even the most serious one from an analytic point of view, but because, as treatment proceeded, I became especially interested in this aspect.

Therefore it is mainly from this standpoint that I am going to describe the case, though, as I think will ultimately be agreed, there was a very serious disturbance of the whole personality. I am not even attempting to consider this one symptom comprehensively ; that would be far too great a task. I am limiting the material mainly to an attempt to illustrate the nature of the unconscious phantasies and conflicts, the anxieties and fears linked with the stammering—that is, such of them as were revealed in the analysis, for I am quite sure that we by no means exhausted them. I have chosen this particular aspect because this particular child was one possessed of an especially rich and accessible phantasy life.

Whether the type of stammer is of significance or not I do not know. In my patient it consisted in a repetition of either syllables, single words or groups of words—never of consonants alone. Possibly this character depends on the severity of the symptoms, whole words being nearer to normal speech than consonants.

Jimmy was a boy of 6 years and 10 months of age when he first came to me. He was living with his parents and was attending the local elementary school. There was one other child, a little girl called Betty, some 2½ years younger than my patient.

His father was an Englishman, of French extraction, engaged at the time as a special constable, which work often necessitated his being on night duty. He had been of a roving disposition, in and out of several jobs, and was perhaps something of a ne'er-do-weel. Jimmy's mother was a pleasant, easy-going woman, fond of her children, and it seemed the mainstay of her family. She was very busy, going out to some sort of domestic work daily, in addition to looking after her own household. On this account I rarely saw her, but, whenever she did manage an interview, she was most co-operative and showed a good insight into the problems of her young son. I gathered, indirectly, that the financial circumstances of the family were none too good. They lived in two rooms, the children sleeping (in separate beds) in the same room as the parents. It was quite clear from the analysis that my patient had often witnessed the parental sexual intercourse.

Jimmy himself was a pale, thin, dark, French-looking little boy. His mother had been long in labour over his birth—some three days in all, she told me. He had been breast-fed for three months, but had had to be weaned because he was not putting on weight. The mother told me she had plenty of milk, ' but it was no good '. He had been a difficult feeder from birth, and his weaning also was difficult. His father had wanted a boy, was delighted with him when he arrived, and had petted him much until the birth of Betty. Shortly after this event, he lost all interest in Jimmy and centred his affections on the little girl, whom he adored. He thereupon cold-shouldered his son, and apparently did all he could to make the child feel that he was in the way and not wanted. For example, if Jimmy made a noise running about near the pram, he would be furious with him. Later on he would always consult Betty as to where she would like to be taken for a walk, but never Jimmy. When the children had eggs for a meal and Betty's was bad, he made Jimmy give his up to his sister. Indeed it seemed that the father did all he could to foster a jealous situation between the two children. Jimmy reacted to this by naughty, disobedient behaviour, which brought his father's wrath down on his head still more violently. The mother fully realized this situation. ' Daddy is mean over Jimmy ', she said, ' and I can't get him to see it. I can't make him alter his ways with the child.' She did what she could to keep the peace and to make up to Jimmy for his father's unkind treatment, but naturally the situation was beyond her control. She was, therefore, very willing for the child to come for analysis. But in spite of her benevolent and protecting attitude, her son apparently viewed her with distrust and rebelled against such authority as she exercised over him. One of his main grievances against her was that she *would* pull him out of bed in the morning ; and he just hated getting up and starting the day.

[1] Read before the British Psycho-Analytical Society, June 7, 1944.

His attitude to his sister was governed by jealousy. He played with her, but there was much quarrelling and teasing. Fortunately Jimmy did well at school, and as treatment progressed he improved scholastically, so that he was often top of his class in spite of the fact that he was placed with older children. He was a very intelligent child, and ambitious to succeed. He had plenty of school friends whom he played with out of school hours and would take back home to tea.

At the time of the blitz the mother and the two children were evacuated to Watford, the father remaining in London. Jimmy was then nearly five years old. It was during this time that he started stammering. Moreover, whilst at Watford, he had a nasty accident. He fell and cut his eyelid and had to be taken into hospital to have it stitched. Jimmy was for ever damaging himself. During treatment he frequently turned up with some part or other of his person bandaged up.

At the preliminary interview there were other symptoms besides stammering which his mother enumerated. She said he suffered from 'nervousness'. This was shown by his fear of the dark, by his dislike of going down by himself to the basement where the lavatory was situated, by his anxiety if the gramophone needle was scraping, when he would clench his fists saying he was afraid it would get broken. He also bit up his sheets at night till their edges were quite ragged; he likewise reduced to ribbons the lapels of his coat—in fact everything possible went into his mouth. Needless to say he was also a nail-biter. He slept badly, often lying awake hours after he should have gone off to sleep. His general attitude was one of distrust, suspicion and secretiveness; indeed he appeared hostile to his whole environment. Also he had recently taken to spasmodic blinking. Lastly, he frequently complained of pains in his legs. Indeed, at one time during the treatment, the school doctor diagnosed this as rheumatism and prescribed complete rest in bed. Jimmy seemed to spend the winter months suffering from one minor ailment after another—either colds, or a sore throat, or headaches—and he often looked out of sorts.

From my point of view he proved a very 'good' patient. When we had analysed his initial anxiety and mistrust with regard to the treatment, he established a good transference and became communicative. He would proceed with his play and at the same time keep up a flow of explanation as to what it was about—for all the world like a B.B.C. 'running commentary'. Moreover he had a keen dramatic sense, so that, for instance, if staging a scene between two people, he would impersonate each in turn, thus giving me a most vivid picture of his phantasy life. But, above all, I was struck by his method of expressing an internal conflict. He would then often suddenly abandon the toys he was employing, and, using his hands instead, would say, for example: 'This hand is Mummy and that one Daddy.' He would then continue to stage a most vigorous warfare between his two hands, accompanying this with the appropriate dialogue. It reminded me forcibly of a puppet-showman manipulating and controlling his marionettes. Therefore, at certain times, when I succeeded in loosening his resistance by some interpretation which, as it were, started the ball rolling, he would then carry on unaided, almost, it seemed, oblivious of the analyst. Hence much of the interpretation came from himself. This does not mean that there were not periods when the resistance was very strong. For instance, a good deal of work had to be done before he could overcome his initial distrust of the analyst. And again, there were periods later on when he lapsed into almost complete silence for days on end.

The treatment started in October 1942 and is still in progress. It includes some 240 interviews. For many months attendance was very irregular, and many of the sessions were much curtailed, as the patient often arrived very late. As his resistance and anxiety lessened, these difficulties disappeared and he now seldom misses an appointment or comes late.

In describing his analysis I am, as far as possible, giving it in his own words—these being far more valuable than any of mine. I shall not therefore have time to say much about the transference, nor go into details concerning his resistances. This does not mean they were either unimportant or negligible; it is that I would rather that Jimmy himself did the talking.

Since first interviews have a peculiar interest all their own, I should like to describe his opening gambit. He started by examining the two toy trucks, one of which he mistakenly decided was broken. 'One of them must have bumped into the other', he said. He then picked up a brick which had a hole in the middle of it, remarking: 'Something's missing.' I interpreted the two trucks as representing his parents in sexual intercourse, and the brick as his sister. He next turned to the little train which he made run about very fast. He agreed it contained his parents, and he volunteered: 'Mummy and Daddy are strapped in so that the wind won't blow them away.' And so he staged for me the *mise-en-scène* of his personal conflicts. I mentally concluded that I was going to witness a drama where the severest struggle would be played out internally. He seemed to be showing me symbolically that the parents were internalized and strapped down, not only to prevent them from copulation but also to protect them from his own aggressive attacks by flatus. And as his remarks were accompanied by an access of stammering, one determinant at least of this symptom had been revealed.

I am not going to describe his first series of

interviews since during them he did not talk very much. It was clear that he felt distrustful and hostile towards his whole environment. Using trains and lorries and tanks, he played at attacking the external parents, together and singly, bombing them, biting them, and attacking them with his genital. When the anxiety connected with his aggression became too overwhelming, he turned his attention to his little sister, with whom he re-enacted primal scene phantasies. One lorry represented her and the other lorry himself. He pinned her down, fought and destroyed her, whilst she, in turn, castrated him. This was followed by painstaking efforts to restore her.

I found that interpretation of his pent-up aggression had the effect of releasing it, so that he was able to express it actively in his play, and at the same time his stammer improved. Indeed there seemed to be an inverse relationship between active bodily movements and the symptom. Twice he had so great an anxiety that all he could do was to draw geometrical patterns. I took this to indicate resistance and a most rigid control of his conflicting emotions. The first time it occurred he stammered considerably; the second time there was no actual stammering, but he executed, as it were, stammering movements—for example, he jabbed nervously, in staccato fashion, at his paints.

At length the day came when Jimmy was able to make some alliance, even though an unstable and fluctuating one, with a good object. He drew a picture of a house and a tank, with a plane hovering over them. 'The plane is going to drop water on the house, but not on the tank', he said. I asked him who lived in the house and he replied: 'Daddy and Betty; Mummy is in the tank with me.' I interpreted this as a urinary attack on Daddy and Betty, because of his jealousy over all the petting Betty received. He said: 'Mummy gets tired of it and goes away. She asks Daddy for money to buy the dinner with and he won't give her any. So I go away with Mummy.' The next day he added white clouds to the sky, and these I interpreted as Mummy's good breasts. He then drew another picture of a tank in full action, with its guns blazing away at half a house. 'The other half got blown away by the tank. Daddy and Betty are in the house', he told me. The following day his stammer had temporarily disappeared. This, I think, was due not only to the release of aggression, but also to the banishment from the scene of one of the conflicting protagonists. The desire to be rid of the father was also mirrored in the transference. I had become the good mother, and Jimmy then got very jealous of the Clinic caretaker, making searching enquiries as to whether he slept on the couch with me, saying: 'I don't like him sleeping with you.'

And now, having in phantasy got rid of his father and sister, we had, for months on end, a host of phantasies, mainly oral in nature, centring round his mother. One day he got out his box of chalks. It fell on the ground and all his pencils rolled out: 'I've eaten too much and my tummy's bursted', was his comment. It was clear from his preceding play that these represented the penises inside me which he thought he had eaten out of me. I thereupon interpreted his stammer as these stolen penises falling out of his mouth. A day or so later he again got out his box of chalks and flapped the cover open, saying: 'This is the dragon coming to bite up Betty. Betty wants to get inside; the pencils are teeth and they are going to bite her up.' The next day, feeling very guilty at having arrived late, he said: 'The dragon was going to be you. If I'm late I'm afraid you're going to bite.' He was thus showing me not only the projection of his biting impulses on to me, but also the connection between his stammer and the phantasied bitten-up sister.

About this time he regularly used to lie on his back on the couch hugging the cushion to himself and biting it, saying very little. He would then play a game with me in which we threw the cushion to each other and sometimes he would open his arms, saying: 'This is the dragon's mouth. Throw the cushion into it.' One day, I having interpreted this as wanting to eat me up, he said: 'I had you inside me in pieces and you tickled my tummy, so I had to go to the doctor and that's why I'm late.' I asked him what the doctor did; he replied: 'He cut my tummy open to get you out. He kept me in hospital. Now you throw me the cushion and I'll hit it back to you.' When I remarked: 'You want to throw me out', he answered: 'Daddy came and made you all right again, so you aren't in pieces any more.' And only then did I get the stimulus for this phantasy. He continued: 'Mummy was mending my jumper at the elbow this morning, and it tickled me. I stood still because I was afraid the needle would prick me.' And so I knew that I had been representing his mother whom he thought he had bitten up and incorporated, but at the same time I also represented the good doctor-father who would make him all right again by extracting these bad bitten-up things inside him. It is probable that he was also giving me something of his original phantasy connected with the time when he had to go into hospital at Watford. He would, during these interviews, often get a drink of water, saying: 'I'm drinking the water out of your tummy.' One day it would be 'bad water', and the next day 'good water'. He was evidently reliving in the transference his early experiences of a good and bad breast. Just about the same time he brought along a small picture which he had won at school for getting all his sums right. It was an outline drawing of children pulling along a cart laden with fruit and it bore the legend 'Eat more fruit'. Since this was war-time and fruit was non-existent, the prize was, to say the least of it, somewhat

teasing. We interpreted this as being shown the forbidden tantalizing breast.

Jimmy's internal conflicts had been working up, and the climax came the next day His mother telephoned to say that he had fallen in the Regent's Park pond and was suffering from shock. I did not see him till a week later, when he turned up looking depressed and with a more pronounced stammer. Apparently he had been playing with a friend near the water and, in trying to fill a receptacle, had slipped in, could not touch bottom and went right under. He said : ' My friend stood and looked at me dreamily ; he was not strong enough to pull me out, as he was afraid of pulling himself in.' Eventually this dreamy friend went and got help. During this interview Jimmy started to chalk his fruit picture. He made the apples half red and half green—that is, half good and half bad. He told me : ' The bad part of the apple is cut out and thrown away into the bucket. Mummy comes and takes it in to herself and makes it good.' So it seemed that his suicidal attempt was not simply a despair reaction, but also expressed a hope that by getting back inside the mother he might be restored. He continued talking about the picture, in which, alongside of the fruit, there were birds : ' I'm going to colour one of the birds black—it's the bad Daddy. And I'm going to colour the apple next to him all green, because it's all bad—no, the half next to him is bad. He has made it bad. The other half he can't get at, so it's good.' I said : ' I think you're telling me that Daddy has all the fruit, that he has Mummy's breasts and that then the children can't have any.' ' Yes ', he replied, ' the children eat the fruit and when they get it in their mouths it becomes bad because their teeth make it bad. But Mummy makes the bad apple good again.' Finally, just as he was getting on his coat to leave me that day, he pulled two empty matchboxes out of his pocket and showed them to me saying : ' I keep dead matches in here and then do this '—putting the box to his mouth and blowing it open—' and then all the matches jump out.' And so we had further corroboration that from one point of view the stammer represented the frustrating bitten-up incorporated dead breast being ejected in fragments—jumping out of him even as the dead matches jumped out of the box —in an effort to expel the badness within into the external world, with the hope that it would there be made good again by the external mother.

Some weeks later his oral attacks became concentrated on the father's penis inside his mother. Coughing and choking suddenly, he announced : ' I've swallowed Daddy.' He then proceeded to paint a black house, standing on a black road, with a black engine puffing towards the house, and black bombs falling all round. His running commentary, given with much stammering was : ' I shouldn't like to live in a black house, because it would be black inside too. It's Daddy's house ', and here he sneezed. ' That's a train ' (referring to his sneeze). ' I'm going to paint a train running into Daddy's house. There's a fox driving the train, and he might get hurt. Daddy also might get hurt. The shrapnel's from my guns.' He then started to cut out the picture he had drawn, but left off to go to the lavatory. When he returned, I said : ' Going to the lavatory is like letting out shrapnel in small pieces, and that's like your stammer. I think the black house is Mummy with Daddy and Betty inside her, but it's also you with Daddy and Betty inside you, and you have to let them out in little bits.' ' No ', he answered, ' I haven't anyone inside me *now*.' I replied : ' That's since you came back from the lavatory.' He agreed, and added : ' I've Daddy and Betty eaten up inside me. If I let them out in bits they might do more harm. But it's all right if they come out whole.' He then concerned himself with putting the cut-out picture back into its setting once more.

That the stammer was closely connected in his mind with fragmentation was clearly shown a day or two later when he said : ' I'm going to attack the house Daddy lives in.' He drew a camouflaged tank and cut it out, this time expending much care in avoiding cutting the surround. ' There aren't going to be any bits to-day ', he said ; and this was a day when there was very little stammering. He added : ' I've forgotten the road, but I'm not cutting that out.' This meant that he was taking the father's penis out of his mother, without hurting her. He went on to say : ' The tank fits into this hole. I wonder if anyone would know what it was ' (looking at the hole), ' I know because I cut it out, and you know because you saw me.' The need for secrecy was an ever-present character-trait.

A few days later we played the cushion game. This consisted of throwing the cushion to each other and seeing who dropped it least often. I interpreted this in terms of his indecision as to whether he should have the parents inside, or leave them in the external world. ' Yes ', he said, ' I don't know where to put them.' He then went to the lavatory and on his return I asked him if he had put the bad Daddy out of him. He told me : ' Daddy went out of me and the Doggie came instead to take his place ', the Doggie being his own dog Paddy, to whom he was devoted, and who stood for a variety of good objects : sometimes he represented the good penis, sometimes the baby from the father, sometimes the good father of his early days, and sometimes himself as the good son. Jimmy continued : ' You put the Doggie into me. Now Daddy's come inside again and he's playing with the Doggie and the Doggie's chasing him and he likes it ', representing chasing movements with his fingers. ' The Doggie's getting bigger because he's eating, so there's no room for him and Daddy and he's chased Daddy out. The Doggie's getting so big now, he's going to break my house open. And now he's running about on the floor with the

little train, and there are no railway lines, so he can go anywhere.' And he picked up a small train which he made dash madly round in circles. The ejection of the bad father, along with his fear of the externalization of unrestrained aggression, must have caused him much anxiety, as he turned up the next day with a large gash over one eye, stammering considerably. He then told me: 'Daddy's English now, and Mummy, Betty and you are Germans. The Germans had 100 men and we had 100, but now Daddy's become English the Germans only have 99 men, so they're angry. The Doggie got stronger and Daddy got afraid so he came over to his side and Mummy was angry.' I said: 'So Mummy was angry because you had taken Daddy away from her', to which he replied: 'No, I didn't take him; he walked *into* my side.'

Thus, for the first time, Jimmy showed some belief in a good father, and we were able to start to analyse his homosexual phantasies and desires. The good father was inside him and the bad father outside. Hitherto anxiety of the bad external father had led to the repression of these early homosexual phantasies.

And there started a series of daily anal attacks on these external enemies. He immediately set about constructing plasticine models of instruments of warfare—a tank, a bomber, a battleship, and so on. He was in a state of indecision and anxiety as to whether these hostile weapons were more manageable and less dangerous inside or outside. This was paralleled by an increase in stammering. He made an enclosure into which all of them were put and then, bringing them out, said: 'It's a fine day, with the sun shining, so they're all dancing out. Now they've to go inside again because it's too hot for them outside and they might explode.' He went off to the lavatory and on coming back said: 'I bombed Italy because Daddy's there—no he isn't—Mummy and Betty are there.' He told me that these engines of war were his mother, sister and father and that they were chasing a ghost. It could be heard but not seen. The ghost turned out to be the bad father inside him. It was as though Jimmy felt that he had no ego of his own, but that his personality was composed of incorporated separate entities. They were represented by these dangerous instruments of war, not integrated but working together to eject a yet more dangerous ghost. When this bad ghost-father had been expelled, his stammer temporarily ceased.

He now gave me a beautiful plastic representation of his idea of the structure of his psyche. He made an enclosure into which he put all the bombs, some big, some little. At the entrance to it, he placed a toy lion 'watching to see no one goes in', he said. Behind the lion he erected a piece of paper on which he had written: 'Alive bombs! Do not go near and do not touch them.' Behind the paper were ranged his tank, gun and warship, etc., with their guns pointing towards the enclosure. This surely meant that his id was full of dangerous bombs, guarded by his lion super-ego and covered by the guns of his ego, or rather of his ego identifications.

That same day I witnessed a neat example of his introjection mechanisms. It happened that in the next room at the Clinic a doctor was treating a little girl, of much the same age as his sister. This was a source of great anxiety and jealousy, since it represented to him his own father and little sister in close association. Jimmy heard them pass by our door that day and looked out suspiciously in order to watch them go into the next room. He then went to the lavatory and when he came back he was hiccoughing. When I asked him: 'Who's that talking inside you?', he replied: 'It's the little bombs, because someone came into the enclosure. He was going to shoot at the bombs but he fired crookedly'—and he immediately took out his little boy-doll and put it into the enclosure. I interpreted: 'That's the doctor you've just seen and whom you're angry with because he plays with the little girl, so you took him inside you. He's the bad Daddy who pets Betty. Then your bombs inside you exploded at him and you let them out in the lavatory.' Jimmy laughed, took the doll out of the enclosure and the hiccoughs ceased. He continued his play with bombs. He constructed a factory, representing the Clinic, where they got broken up into smaller and less dangerous bombs. Some of them he said had ears filled with gunpowder. This was a passive homosexual phantasy in which I stood for the father who put explosive words into him through his ears. Some of the bombs became the babies inside himself; 'the boy ones', he told me, 'are more dangerous than the girl ones, they're as dangerous as the big ones.'

Jimmy invariably went off to defæcate at some point during his interviews, and I noticed that on his return his stammer became almost unnoticeable. Most certainly did he equate words with fæces, so that once he had externalized his aggression, or 'let out the bombs' as he expressed it, the symptom disappeared.

The following day he arrived with a sore mouth. He had picked up a tarred piece of metal in the street and had sucked it. He announced: 'The Dog and Daddy have been away in the country, but they're back again now.' This was his way of saying that the external father had been allowed to come back on the scene once more. Then followed play representing a direct attack on this external father to get his anal penis from him, in order to use it on his mother. 'Daddy and the Doggie are fighting for the Big Bomb', he told me, 'and Daddy carried it off.' On loading up his lorry with the bombs to put them away at the end of the interview, contrary to his usual custom he put some of them in front on the driver's seat.

'So', said I, 'your wee-wee can let out bombs as well as your bottom.' Jimmy looked up and laughed saying: 'I didn't know that.'

This led to a change of activity the next day, in the form of oral and urethral play. The lorry was filled with water and made to bump into me. 'It'll bite you', he said, and immediately started stammering. Later on, after further interpretations, he lay on the couch, hugging and biting the cushion, in a perfect orgy of erotic play, bounding about and rolling over and over. He said: 'Shall I play throwing the cushion to you, or shall I play with it by myself? You say.' He repeated this question several times and each time when I answered with an interpretation to the effect that he wanted to be given permission, it was followed by a burst of laughter from him. 'So', I said, 'it's as though my words tickled you inside.' 'Yes, they do', he replied and then started to hiccough. I explained to him that the hiccoughs were little explosions going off inside him, as though my words were like bombs. He went to get a drink of water saying: 'You make me laugh too much.' It was quite evident that words were 'things' to Jimmy. The following day he was stammering again and he went and lay on the couch making noises that I thought sounded like a dog. On my enquiring if this were so, he replied: 'No, it's a train. There's a big train and a little train and they're going to Watford Junction. We were there without Daddy.' He continued: 'The trains didn't put their brakes on; they ran into a house and upset it. Now they're going to build a steel house and it won't get hurt.' He then proceeded to draw an engine which he said was 'Daddy and the Doggie, with a big gun in front'. He next drew a house in which Mummy and Betty lived, and added an explosive bomb and an incendiary descending on the house. The next day he arrived with a bandaged arm, having hurt himself playing. It will be remembered that it was whilst staying at Watford that his stammering began. So it seemed that he was now giving me the formerly unconscious phantasy that lay beneath the birth of his symptom. It was then that he was faced with what must have seemed to him like the fulfilment of his Œdipus wishes; for the first time he had his mother to himself, whilst his father had been left behind in a danger zone. In his phantasy he had stolen his father's penis, incorporated it, and made a genital attack on his mother, damaging her and becoming castrated himself. In reality the blitz had started and actual bombs were endangering life itself. The anxiety of this situation had evidently been more than he could tolerate and his defence had been a partial regression to earlier anal and oral sadistic levels.

Needless to say, although we had arrived in his analysis at this crucial point in his life history, we had by no means solved his problems. There were far too many early and deep-seated conflicts involved for this to be the case. I am therefore venturing to give some further notes on the course of this analysis.

An unforeseen event occurred which had many repercussions. His beloved dog Paddy—always a good friend to him and in phantasy, as I have said, standing for a multiplicity of good objects—got lost. He had escaped from the house and was never seen again. It was a most sad and traumatic event for my patient. Jimmy told me the next time that I saw him: 'I couldn't sleep that night. I kept on thinking of places where he might be. I kept on *seeing the places*, and I saw things in the porridge Mummy was making the next morning and my eyes were sore.' I knew from his manner of telling me this that he had been hallucinating. That day his play was with two trucks linked together, one of which kept on getting unhooked and lost. When it was time to go he twice fell over—a suicidal reaction to the loss of the only immutably good object in his environment. A period of mourning set in. For days after he used suddenly to stop in the middle of his play saying sadly: 'I want Paddy', and from time to time for months he would still refer to his loss: 'I want Paddy; I should think he's only bones by now.' His first reaction had been hallucination, his next symbolic suicide, his further one was to turn to reality. He evinced a sudden interest in the war and asked me about the European situation. 'Were we friends with Germany and all the others before the war?' he said: 'Did Hitler start the war or was there a King before him who started it?' His stammering again recurred. He next turned his attention to building a secret electric engine inside a box. He told me: 'Daddy and the Doggie know about it. The people are outside on the lid, so they won't feel the current because if you touch it you get a shock.' I took this to mean the introjection of the lost loved object, not only as a means of keeping it, but also to ensure the safety of the external world. There ensued an alliance with the internal father and an attack on the external mother, whom in his heart he blamed for having allowed Paddy to escape. A battle royal was staged, lasting many days, in which he and his father shot at and bombed his mother and sister, whilst they retaliated in kind. He then pushed round the overturned box to engulf the enemies' bombs, in order to use them again. He said: 'This box is chewing up the bombs, but some of them are falling out of the box again', and he purposely spilt some. This clearly denoted an oral incorporation of his mother's anal products, and I interpreted his stammer (the spilt bombs) as an expulsion of his mother's chewed-up fæces. He also attacked the babies inside his mother. He picked up a toy baby lamb, putting him in his box, saying: 'He's asleep inside the box. He's too small to feel. He only knows when the box moves, because he can feel the movement, that's all he can feel.' And when

I interpreted this as the baby he wanted to have inside himself as a consolation for the loss of Paddy, he loaded several animals into his lorry, saying: 'Betty used to carry the load and I used to pull her along, but the load was too heavy for her, so I have it instead.' His guilt with regard to his hostility towards his mother had led to an identification with her. This guilt was further strengthened by the fact that that following week Betty went into hospital to have her tonsils removed. Jimmy spent all that week in again trying to mend the little lorry, which he called Betty's lorry, but without any success. This was an activity which cropped up from time to time when anxiety over his sister's damaged genital became paramount.

The battle was again resumed. Mummy, Hitler, Göring and Musso and Betty were on one side, and Jimmy, Daddy, Pop-Eye, Poppy and their two dogs were on the other. Six plasticine tanks were made for each side, representing the protagonists. The Battle of the Tanks began. A pair of scissors hung over the battlefield—'That', said Jimmy, 'is an eagle looking on from above, opening and shutting his beak.' I interpreted the eagle as Jimmy himself watching the sexual battle between the parents, and in phantasy eating and devouring them. During this time there was a considerable amount of stammering. The day following he announced: 'There's going to be a battle to-day because Mummy's angry with Pop-Eye's doggie and pulled him out of bed'—a reference not only to the loss of Paddy, but also to having been made to get up that morning by his mother. Pop-Eye usually stood for a burlesque of his father. 'He's very strong, smokes a pipe and eats spinach', was how I was introduced to him; he was a famous character, often with us.

Jimmy now got out the tanks in readiness to join issue, but he paused to make yet another one. 'This tank is for Mummy', he said. 'It's being made by a secret invisible man. Daddy doesn't know and Jimmy doesn't know—only Mummy knows. I'm the secret man.' I asked him the name of this secret individual and he replied: 'He's called Abeny—that means Abradabraca.' And thereupon Jimmy's stammer disappeared for the first time for nearly a month—in fact since the invention of the secret engine. The Battle of the Tanks continued, and now Mummy, as she had Abeny on her side, was the stronger party. I interpreted Abeny as representing his mother's invisible penis, which she had got from his father. The next day this was corroborated by Jimmy saying: 'Let's play the cushion game. The cushion is Abeny, and you're Daddy. Abeny will come back to Daddy.' Thus it was that, at last, Jimmy's particularly strongly repressed phantasy was brought to consciousness. He believed he had stolen his father's penis out of his mother. So secret and guilty a deed was it that clear and direct speech had become impossible. Once the secret was disclosed the stammer ceased. This whole train of events had been set in motion by the loss of Paddy several months earlier. It is interesting to consider a little further what in this particular situation was going on in different layers of the mind. Consciously he was identifying with his father, but behind this there was an unconscious identification, represented by Abeny, with his mother, and that was a thing of great secrecy. Thus he had introjected the parents in sadistic intercourse, and the stammer was the functional disturbance caused by these phantasied internal warring elements.

The next day he said to me: 'Mummy's English now,' and the day after he made a paper aeroplane which, he said, belonged to the United States. And so, for the first time in his analysis he was able to allow the parents to unite together in harmony. Moreover he absolved his mother from being responsible for the loss of Paddy. He said: 'It wasn't Mummy who let him escape; it was some workmen in the house.'

About this time his father got ill with influenza and had to remain in bed for several days. This started a new set of anxieties, and again the stammer reappeared. Fears of his father infecting his mother came to the fore. The tanks were got out and all of them except those representing his mother and Abeny were squashed together and made into a snake. The conflict was as to whether Mummy and Abeny would eat the snake, or the snake eat them. 'The snake's name's unknown', he said. Thus, once more the Secret Agent motif was re-enacted. 'He's inside Mummy and no one knows; he's hidden and Daddy's going to fight him', I was told. From the material it was evident that the snake stood for Jimmy's own penis which he wanted to put into his mother, but which he was afraid would kill her, and would in its turn get damaged. The next day he turned up with a bandaged finger.

Then occurred a change in the character of his behaviour in analysis. He became very silent, but whistled most of the time, asking me to guess the names of the tunes. He was absorbed with an inner absorption, and when I spoke it was as though he heard not a word. He no longer shared his thoughts with me. He looked very puzzled and said very little. He played at building a secret train out of bricks; these same bricks he then used to make the letters 'L' and 'T', and said: 'I'm closing these letters. No one can get in and no one knows what they are.' It was revealed later that they stood for 'London Town'.

This secret underground activity gradually came to light. It was the old problem of how to reconcile the incompatible parents. 'I can't keep two tunes in my head at once', he remarked. He told me a story of a bear who lived in a hole, got tired of it, and came and stole the wood belonging to the

beavers, whereupon the beavers got angry and attacked his house of logs. And so I realized that the parents and the children were all at loggerheads. The scene, as I glimpsed it, was of a full-scale warfare. We had the main contestants ranged against each other with all their deadly armaments. We had our underground movement, our spies, our secret service. There was much treachery and fifth column activity confusing the issue. And all this was being played out in the person of one small boy. No wonder he was puzzled and silent! The phantasy became clearer the day he told me: 'I ate a carrot coming here and that's why I want to go to the lavatory.' He then drew what I took to be a representation of the female genital, and on going he suddenly said: 'Mummy's got another doggie, a bull-doggie. He's been away at sea but Mummy wrote and asked him to come back, and he's brought others with him; so now she has 60 bull-doggies to help her fight Daddy, and Daddy has the beavers to help him. The bull-doggies are inside Mummy, but Abeny has gone over to the other side and is now with Daddy.' Once again he had incorporated his father's penis and felt guilty towards his mother. The battle fluctuated, and it was evident that he was in a state of complete indecision as to which parent it was to whom he owed allegiance. He pretended to be a German spy and said: 'Daddy got inside Mummy and all the bull-doggies had to get out of her. They're biting up Mummy and Daddy inside her, so Daddy's in little bits and Mummy doesn't know it.' And he whistled 'God Save the King'! This child is one who sleeps in his parents' room, and this is his phantasy of observed parental intercourse. After it had come to light his stammer improved. I knew then that one determinant of the symptom was the internalized mother reducing the internalized father's penis to little bits.

Jimmy had become communicative once more and his play now switched over to dealing with an external situation. The stammer had practically gone. He told me: 'I can whistle blowing in or blowing out', which I took to indicate a lessened anxiety over his introjection and expulsion mechanisms. He salivated a good deal, sucking in the saliva between every few words, and evidently getting much libidinal oral satisfaction therefrom. He gradually became more constructive in his play, making a picture book in which he painted several pictures all representing his idea of his mother's internal objects. By so doing he was restoring to her that which in phantasy he had destroyed. He said to me with much pleasure: 'When this book is full, it's for you.'

The most recent report from his mother, which came a month ago, was that he no longer stammers, nor bites his sheets or coat, though he still bites his towel when drying his hands. He is less nervous, better in health, and has a much improved relationship with his father. At school he is top of his form though the youngest in the class. The only complaint she made was that he is rather spiteful to his playfellows; he jumps on them and hits out at them. 'But', she added, 'they all come and call for him to go and play with them.' He is evidently popular in spite of his aggressiveness.

Before concluding, I should like to make some attempt to consider how the findings of this case fit in with general theory. I cannot go into the literature, but will content myself with quoting a sentence or two from Fenichel (1931). He classifies stammering as a 'pregenital conversion neurosis', and says: 'Whilst the symptomatology is of a conversion hysterical nature, the patient's behaviour corresponds more to that of the compulsion neurotic than that of the hysteric. . . . In contradistinction to conversion hysteria, the sexual wishes directed towards an object are pregenital in nature, i.e. they are anal-sadistic or oral-sadistic and their aim is incorporation of the object.'

These statements are, I think, well-illustrated by my patient. The onset of the symptom occurred at an epoch when external circumstances were peculiarly liable to stimulate guilt and anxiety—that is, during the blitz. How far this real event was instrumental I had no means of determining, but it happened at a time when the child was endeavouring to deal with his direct Œdipus wishes, in regard to which his evacuation with his mother and sister to Watford must have stood for fulfilment. He responded to this difficult situation by stammering, that is by a partial regression from the genital to earlier anal and oral levels of libidinal development. In so doing he was reacting in the manner characteristic of the obsessional.

That his previous adaptations were not wholly satisfactory was beyond doubt. He showed many of the typical character traits of the compulsion neurotic, such as increased ambivalence, marked anal interests, ritualistic behaviour, omnipotence of thought and so on. But above all he suffered from perpetual doubt and indecision. It was mirrored in his stammer. In the external world he never knew whether his mother or his father was the stronger person, nor where to place his allegiance. He could never make up his mind whether it was safer to expel his introjected objects whole or fragmented; sometimes they did less harm when intact, at other times the smaller the pieces the less dangerous they were. He did not know whether to internalize or externalize his parents: 'I don't know where to put them', he said.

That Jimmy's sexual wishes towards his objects were in a great measure, though not entirely, pregenital in nature was likewise clearly seen in his analysis. Speaking can stand for defæcating and urinating as well as for other oral activities such as biting and sucking. When he stammered he was, to his unconscious mind, actually biting up,

urinating and defæcating on his sexual objects. Moreover speech is not only an activity ; to the unconscious words themselves are objects. With Jimmy these word-objects could be incorporated and expelled again. He ' could whistle blowing in and blowing out '. Incorporation of his sexual objects was ever his pre-occupation, and he felt as though his inside was over-full of them. ' I've eaten too much and my tummy's bursted ', was his way of expressing it. Another day he announced : ' Daddy's filled his engine too full of petrol and his car won't go.' This was said with an access of stammering. It was evident that Jimmy felt himself to be too full up inside, and that his own speech-engine had stalled in consequence. I will here recall my words that went into him and tickled his tummy and the bombs whose ears were filled with gunpowder. These words of mine stood for a variety of things—the cushion or breast, the dog · Paddy or good penis, the gunpowder or dangerous fæces. His last remark to me as he was leaving the Clinic for the holidays was : ' I'll tell you what I bite. I bite John's ears.' This was said spontaneously in a sudden burst of confidence, as though he felt he was giving me, as a parting present, the clue to his whole problem. Truly for him ' the Word was made Flesh '.

These objects, once inside him, became the centre of severe conflicts. Jimmy had internalized a large part of his aggressiveness, so that, in spite of every effort to preserve the objects, they became the focus of attacks of every kind. And in return he felt they attacked him inside. The pencils, or stolen penises, became teeth that bit, the gunpowder fæces that would explode. His internal world was torn by internecine warfare ; the introjected mother reduced the father's penis to bits. These fragmented objects aroused so much anxiety that they had to be expelled. They were ejected in stammering, that is, as words in bits. This aroused a fresh set of anxieties with regard to the consequent safety of the external objects and a re-introjection took place. The disturbance in relationship to his external objects was paralleled by that to his internal ones. Oral and anal impulses were equally expressed towards both, and as his attitude to one improved, so did that to the other.

So far, I think it is clear that Jimmy's case amply demonstrates those aspects of stammering chosen for consideration. But other more fundamental disturbances intimately connected with his symptom came to light during the analysis. I should like to say a few words about them.

When Jimmy first came to me, and for many subsequent months, he gave the impression of being a very unhappy child. In his analysis this appearance was seen to be the outcome of depression and of suicidal phantasies and impulses. I have not perhaps stressed this aspect sufficiently in my rapid survey of the treatment, but it was very noticeable. He was frequently ill with colds, sore throat, eczema, earache and headaches. At various times, he came to analysis having hurt his hands, his knees, his eye, his mouth. His mother told me she was tired of bandaging him up. His falling into the pond was only one incident out of many. Several times he fell over in the analytic room, and one day, when accompanying me along the street, he tripped and fell flat on his face. These actions were seen to be both a self-castration and an expression of despair and anger mainly connected with his external mother. As he once told me rather shamefacedly in explanation of having arrived with bandaged finger : ' I hit the chair and hurt myself because I was angry with Mummy.'

The depression was also connected with his strong feelings of persecution from both external and internal sources. When he first came to me he felt his entire environment, excepting Paddy, to be inimical. Moreover he had a great fear of ghosts which he vainly tried to counter by saying : ' There aren't really any.' The analysis disclosed that unconsciously he felt the persecutors and ghosts to be also inside himself. One day, he added to the plasticine bombs in his enclosure yet another one. He said : ' It's a ghost-bomb and it's Hitler's ghost ; it can be heard but not seen.' The other bombs and engines of war surrounded it, chased it out and attacked it from behind ; it slipped and fell over, even as Jimmy himself had done the previous day on leaving ; finally it was stamped on. ' Oh, I don't like to do this ', stammered Jimmy with much anxiety. This ghost-bomb turned out to be the father's bad penis, stolen from the mother, incorporated in phantasy and now being ejected. By means of the stammer it had been ' heard but not seen '. Once he had expelled it the symptom cleared up.

The ghost-bomb, during this attack, had had a piece of paper interposed between it and the attackers, so that it would not know what was afoot. This necessity for concealment was characteristic of most of Jimmy's play activities throughout his treatment. Sometimes he would stifle his speech by talking to me with his mouth pressed into the cushion, asking me if I could hear what he was saying ; at other times he would make noises like a dog or a duck and enquire if I could understand ; he would whistle tunes whose names I had to guess, and sometimes, when in very secretive mood, just whistle a single note, from which I was supposed to be able to know what tune was in his mind. Indeed, the majority of games he played with me were guessing games. This secrecy was not only to hide from the external parents his aggressive impulses and wishes towards them, not only to conceal his phantasied incorporation of the penis and so forth, but also to ensure that his right hand did not know what his left hand was doing, or, as Jimmy felt it, to keep the internal

parents unaware of each other's wicked designs and activities. Each time, it was only when the hidden situation came to light that the stammer disappeared.

The inference to be drawn from this material is surely that the symptom was intimately bound up with the patient's paranoid fears and anxieties along with the accompanying secrecy and depression. Not only did the stammer serve the purpose of concealment, but, to Jimmy, words-in-bits were the internal persecutors-in-bits being ejected. I have therefore come to the conclusion that psychotic, no less than neurotic, anxieties determined the symptom.

Finally, I should like to add that I do not think I have by any means considered every aspect of the stammering. I have merely touched on those that seemed to stand out most prominently in the analysis.

I should also like to express my thanks to Mrs. Klein for the help she gave me over this case, and to Jimmy himself who so freely permitted me to share in his rich phantasy life.

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ENDOPSYCHIC STRUCTURE CONSIDERED IN TERMS OF OBJECT-RELATIONSHIPS

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OBJECT-RELATIONSHIP PSYCHOLOGY AS THE RATIONALE OF THE INTERNALIZATION OF OBJECTS

In a previous article (1941) I attempted to formulate a new version of the libido theory and to outline the general features which a systematic psychopathology based upon this re-formulation would appear to assume. The basic conception which I advanced on that occasion, and to which I still adhere, is to the effect that libido is primarily object-seeking (rather than pleasure-seeking, as in the classic theory), and that it is to disturbances in the object-relationships of the developing ego that we must look for the ultimate origin of all psychopathological conditions. This conception seems to me not only to be closer in accord with psychological facts and clinical data than that embodied in Freud's original theory of the libido, but also to represent a logical outcome of the present stage of psycho-analytical thought and a necessary step in the further development of psycho-analytical theory. In particular, it seems to me to constitute an inevitable implication of the illuminating conception of internalized objects, which has been so fruitfully developed by Melanie Klein, but which traces its scientific origin to Freud's theory of the super-ego (an endopsychic structure which was, of course, conceived by him as originating in the internalization of objects).

Quite apart from the considerations advanced in my previous paper or various other considerations which could be adduced, it may be claimed that the psychological introjection of objects and, in particular, the perpetuation of introjected objects in inner reality are processes which by their very nature imply that libido is essentially object-seeking; for the mere presence of oral impulses is in itself quite insufficient to account for such a pronounced devotion to objects as these phenomena imply. A similar implication would appear to arise out of the mere possibility of an Œdipus situation being perpetuated in the unconscious; for unceasing devotion to an object constitutes the very essence of this situation. Nevertheless the conception of internalized objects has been developed without any significant modification of a libido theory with which there is no small reason to think that it is incompatible. Freud himself never saw fit to undertake any systematic re-formulation of his original theory of libido, even after the introduction of his theory of the super-ego. At the same time there are innumerable passages in his works in which it appears to be taken for granted that libido is specifically object-seeking. Indeed it is possible to find passages in which this implicit view becomes explicit—as, for example, when he states quite simply (1929): 'Love seeks for objects.' This statement occurs in a paragraph in which, referring to his original theory of instincts, he writes as follows: 'Thus first arose the contrast between ego instincts and object instincts. For the energy of the latter instincts and exclusively for them I introduced the term libido; an antithesis was then formed between the ego instincts and the libidinal instincts directed towards objects.' As Freud proceeds to point out, the distinction between these two groups of instincts was abandoned upon his 'introduction of the concept of narcissism, i.e. the idea that libido cathects the ego itself'; but in the light of the passage quoted it would appear no very revolutionary step to claim that libido is primarily object-seeking, especially if, as I have suggested in my previous article, we conceive of narcissism as a state in which the ego is identified with objects.[1]

[1] Quite apart from this suggestion, there is no necessary incompatibility between the view that libido is primarily object-seeking and the conception of libido cathecting the ego, since there is always the possibility of one part of the ego structure treating another part as an object—a possibility which cannot be ignored in the light of what follows regarding the splitting of the ego.

Nevertheless the ever increasing concentration of psycho-analytical research upon object-relationships has left unmodified the original theory that libido is primarily pleasure-seeking, and with it the related conception that 'the course of mental processes is automatically regulated by "the pleasure principle"' (Freud, 1920; 1). The persistence of this view has raised various problems which might otherwise have proved easier of solution. Prominent amongst these is the problem for which Freud set out to find a solution in *Beyond the Pleasure Principle* (1920) itself, viz. how it comes about that neurotics cling to painful experiences so assiduously. It was the difficulty of accounting for this phenomenon in terms of the pleasure principle that led Freud to fall back upon the conception of a 'repetition compulsion'. If, however, libido is regarded as primarily object-seeking, there is no need to resort to this expedient; and in a recent article (1943) I attempted to show how the tendency to cling to painful experiences may be explained in terms of relationships with bad objects. In the same article I also attempted to show how the difficulties involved in the conception of primary 'death instincts' (in contrast to the conception of primary aggressive instincts) may be avoided if all the implications of libidinal relationships with bad objects are taken into account.

Impulse Psychology and its Limitations

In actual fact, the 'object-relationship' standpoint which I have now come to adopt has resulted from an attempt, imposed upon me by circumstances, to gain a better understanding of the problems presented by patients displaying certain schizoid tendencies, i.e. a class of individuals for whom object-relationships present an especial difficulty; and here, in parenthesis, I venture to express the opinion that psycho-analytical research in its later phases has suffered from too great a preoccupation with the problems of melancholia. Previous to my reaching the above mentioned standpoint, however, I had already become very much impressed by the limitations of 'impulse psychology' in general, and somewhat sceptical of the explanatory value of all theories of instinct in which the instincts are treated as existing *per se*. The limitations of impulse psychology make themselves felt in a very practical sense within the therapeutic field; for, whilst to reveal the nature of his 'impulses' to a patient by painstaking analysis is one proposition, to enable him to know what to do with these 'impulses' is quite another. What an individual shall do with his 'impulses' is clearly a problem of object-relationships. It is equally a problem of his own personality; but (constitutional factors apart) problems of the personality are themselves bound up with object-relationships. These problems are bound up with the relationships of the ego to its internalized objects—or, as I should prefer to say for reasons which will shortly appear, the relationships of various *parts* of the ego to internalized objects and to one another as objects. In a word 'impulses' cannot be considered apart from the endopsychic structures which they energize and the object-relationships which they enable these structures to establish; and, equally, 'instincts' cannot profitably be considered as anything more than forms of energy which constitute the dynamic of such endopsychic structures.

From a practical psychotherapeutic standpoint the analysis of impulses considered apart from structures proves itself a singularly sterile procedure, and particularly so in the case of patients with well-marked schizoid tendencies. By means of interpretations couched more or less exclusively in terms of impulses, it is sometimes quite easy in such cases to release a flood of associations (e.g. in the form of oral-sadistic phantasies), which appear singularly impressive as manifestations of the unconscious, but which can be maintained indefinitely without any real movement in the direction of integration and without any significant therapeutic development. The explanation of this phenomenon would appear to be that the ego (or, as I should prefer to say, *the central ego*) does not participate in the phantasies described except as a recording agent. When such a situation arises, the central ego, so to speak, sits back in the dress-circle and describes the dramas enacted upon the stage of inner reality without any effective participation in them. At the same time it derives considerable narcissistic satisfaction from being the recorder of remarkable events and identifying itself with the analyst as observer while asserting a superiority over the analyst as mere observer by reason of the fact that it is not merely observing, but also furnishing the material for observation. This procedure is really a masterpiece of defensive technique—one to which schizoid individuals are only too ready to resort at the best of times, but which constitutes an almost irresistible temptation to them when the analyst's interpretations are couched too exclusively in terms of 'impulses'. Such a technique provides the best of all means of enabling the patient to evade the central therapeutic problem, viz. how to release those dynamic charges known as 'impulses' in the context of reality. This problem is clearly one of object-relationships within the social order.

My point regarding the inadequacy of impulse psychology may be illustrated by a reference to one of the cases in the light of which my present views were developed. This patient was an unmarried woman with schizoid features which were none the less present because the clinical picture was dominated by well-marked phobic and hysterical symptoms, as well as by generalized anxiety. She was repressed in proportion to a high degree of unrelieved libidinal tension. When this

libidinal tension rose during a session, it was no uncommon occurrence for her to complain of feeling sick. This sense of nausea was undoubtedly a transference phenomenon based upon an attitude towards her mother and her mother's breast mediated by her father and her father's penis, all as internalized objects ; and it readily lent itself to interpretation in terms of oral impulses in so far as her associations had been characterized from the first by a considerable amount of oral material. Nevertheless the chief significance of her nausea seemed to reside, not so much in the oral nature of the reaction as in the influence shown by this reaction to be exercised upon her object-relationships (1) by a libidinal fixation upon her mother's breast, and (2) by an attitude of rejection towards the object of her libidinal need. It was true, of course, that the oral nature of her reaction was related to a severe repression of genital sexuality ; and she was probably right when, on more than one occasion, she hazarded the opinion that she would be frigid in intercourse, although the correctness of this surmise had never been put to the test. At the same time, her difficulty in achieving a genital attitude seemed best understood, not in terms of any fixation at an oral stage, but rather in terms of a rejection of her father's penis based partly on an identification of this object with the bad breast, partly on a preferential fixation on the breast, and partly on the emotional ' badness ' of her father as a whole object. The scales were further weighted against a genital attitude by the fact that an oral attitude involves a lesser degree of commitment to the object whilst conferring a greater measure of power over it. It was not uncommon for the same patient to say during a session : ' I want to go to the lavatory.' In the first instance this statement had quite a literal significance ; but later in the analysis it came increasingly to mean that she was experiencing a desire to express libidinal feelings mobilized by the transference situation. Here again, it was not in the nature of the ' impulse ' considered in terms of phases (this time urinary and anal) that the chief significance of the phenomenon lay. It lay rather in the quality of the object-relationship involved. ' Going to the lavatory ', like ' being sick ', undoubtedly signified a rejection of the libidinal object considered as contents. Nevertheless, as compared with ' being sick ', it signified a lesser measure of rejection ; for, although in both cases a cathartic discharge of libidinal tension was also involved, the discharge of contents represented by ' going to the lavatory ', being a discharge of assimilated contents, indicated a greater willingness to express libidinal feelings *before* an external object, albeit falling short of that direct discharge of feelings *towards* an object, which characterizes the genital attitude.

The scientific validity of a psychological theory cannot, of course, be assessed solely in terms of psychotherapeutic success or failure ; for the scientific significance of therapeutic results can only be judged when it is known exactly how these results are obtained. Impulse psychology cannot be regarded as providing any exception to this general rule ; but it is significant that, where psycho-analysis is concerned, it is now generally recognized that therapeutic results are closely related to the phenomenon of transference, i.e. to the establishment of an object-relationship of a special kind with the analyst on the part of the patient. On the other hand, it is an accepted article of the psycho-analytical technique that the analyst should be unusually self-effacing. As we know, there are very good reasons for the adoption of such an attitude on his part ; but it inevitably has the effect of rendering the object-relationship between patient and analyst somewhat one-sided from the patient's point of view and thus contributing to the resistance. A certain one-sidedness in the relationship between patient and analyst is, of course, inherent in the analytical situation ; but it would appear that, when the self-effacing attitude of the analyst is combined with a mode of interpretation based upon a psychology of impulse, a considerable strain is imposed upon the patient's capacity for establishing satisfactory object-relationships (a capacity which must be regarded as already compromised in virtue of the fact that the patient is a patient at all). At the same time, the patient is placed under a considerable temptation to adopt, among other defences, that to which reference has already been made, viz. the technique of describing scenes enacted on the stage of inner reality without any significant participation on the part of the central ego either in these scenes or in an effective object-relationship with the analyst. One of my patients, who was a past master in this technique, said to me one day, after providing a comprehensive intellectual description of the state of impulse-tension in which he felt himself to be placed : ' Well, what are you going to do about it ? ' By way of reply I explained that the real question was what he himself was going to do about it. This reply proved highly disconcerting to him, as indeed it was intended to be. It was disconcerting to him because it faced him abruptly with the real problem of the analysis and of his life. How an individual is going to dispose of impulse-tension is clearly a problem of object-relationships : but it is equally a problem of the personality, since an object-relationship necessarily involves a subject as well as an object. The theory of object-relationships thus inevitably leads us to the position that, if impulses cannot be considered apart from objects, whether external or internal, it is equally impossible to consider them apart from ego structures. Indeed it is even more impossible to consider impulses apart from ego structures, since it is only ego structures that can seek relationships with objects. We are thus

brought back to the conclusion, already recorded, that 'impulses' are but the dynamic aspect of endopsychic structures and cannot be said to exist in the absence of such structures, however immature these may turn out to be. Ultimately 'impulses' must be simply regarded as constituting the forms of activity in which the life of ego structures consists.

Structure Psychology and the Repression of Structures

Once the position now indicated has been reached, it obviously becomes incumbent upon us to review afresh our theory of the mental apparatus. In particular, it becomes a question how far Freud's description of mental structure in terms of id, ego and super-ego can be retained without modification. The moment this question is raised, it is, of course, plainly in relation to the status of the id that doubts will first arise; for, if it be true that no 'impulses' can be regarded as existing in the absence of an ego structure, it will no longer be possible to preserve any psychological distinction between the id and the ego. Freud's conception of the *origin* of the ego as a structure which develops on the surface of the psyche for the purpose of regulating id-impulses in relation to reality will thus give place to a conception of the ego as the source of impulse-tension from the beginning. This inclusion of the id in the ego will, of course, leave essentially unaffected Freud's conception of the *function* served by the 'ego' in regulating the discharge of impulse-tension in deference to the conditions of outer reality. It will, however, involve the view that 'impulses' are oriented towards reality, and thus to some extent determined by the 'reality principle', from the very beginning. Thus, for example, the child's earliest oral behaviour will be regarded as oriented *ab initio* towards the breast. In accordance with this point of view, the pleasure principle will cease to be regarded as the primary principle of behaviour and will come to be regarded as a subsidiary principle of behaviour involving an impoverishment of object-relationships and coming into operation in proportion as the reality principle fails to operate, whether this be on account of the immaturity of the ego structure or on account of a failure of development on its part. Questions regarding the extent to which the reality principle has superseded the pleasure principle will then give place to questions regarding the extent to which an originally immature reality principle has progressed towards maturity; and questions regarding the capacity of the ego to regulate id-impulses in deference to reality will give place to questions regarding the measure in which the ego structure within which impulse-tension arises has been organized in accordance with the reality principle, or, in default of this, has resorted to the pleasure principle as a means of organization.

If, then, 'impulse' is to be regarded as inseparably associated with an ego structure from the beginning, what becomes of Freud's conception of repression as a function exercised by the ego in its dealings with impulses originating in the id? I have already elsewhere (1943) considered the implications of my theory of object-relationships for the concept of repression. There I advanced the view that repression is primarily exercised, not against impulses which have come to appear painful or 'bad' (as in Freud's final view) or even against painful memories (as in Freud's earlier view), but against *internalized objects* which have come to be treated as bad. I still feel justified in regarding this view as correct; but in certain other respects my views regarding repression have undergone a change. In particular, I have come to regard repression as exercised, not only against internalized objects (which, incidentally, must be regarded as endopsychic structures, albeit not ego structures), but also against parts of the 'ego' which seek relationships with these internal objects. Here it may occur to the reader to pass the criticism that, since repression is a function of the 'ego', this view involves the anomaly of the ego repressing itself. How, it may be asked, can the ego be conceived as repressing the ego? The answer to this question is that, whilst it is inconceivable that the ego as a whole should repress itself, it is not inconceivable that one part of the 'ego' with a dynamic charge should repress another part of the 'ego' with a dynamic charge. This is, of course, quite a different proposition from one set of impulses repressing another set—a conception rightly rejected by Freud when engaged in the task of formulating his theory of the mental apparatus. In order to account for repression Freud found himself compelled to postulate the existence of a *structure* capable of instigating repression—viz. the super-ego. It is, therefore, only another step in the same direction to postulate the existence of structures which are repressed. Apart from any theoretical reasons such as those already advanced, there are very good clinical reasons for making such an assumption. Prominent among these is the difficulty experienced in effecting the sublimation of libidinal 'impulses'. This difficulty cannot be adequately explained as due to an inveterate and inherent obstinacy on the part of 'impulses' themselves, especially once we have come to regard 'impulses' as just forms of energy at the disposal of the ego structure. On the contrary, it can only be satisfactorily explained on the assumption that the repressed 'impulses' are inseparable from an ego structure with a definite pattern. The correctness of this assumption is confirmed by the phenomena of multiple personality, in which the linkage of repressed 'impulses' with a submerged ego structure is beyond question; but such a linkage may also be detected in the less extensive

forms of dissociation, which are so characteristic of the hysterical individual. In order to account for repression, we thus appear to be driven to the necessity of assuming a certain multiplicity of egos. This should not really prove a particularly difficult conception for any one familiar with the problems presented by schizoid patients. But here, as so often, we are reminded of the limitations imposed upon psycho-analytical theory in some of its later developments by a preoccupation with the phenomena of melancholia.

The Schizoid Position

That Freud's theory of mental structure is itself based in no small measure upon a consideration of the phenomena of melancholia can hardly escape the notice of any reader of *The Ego and the Id* (1923), the work which contains the classic exposition of the theory; and, in conformity with this fact, it is in his paper entitled 'Mourning and Melancholia' (1917) that we find the final link in the chain of thought which culminated in the exposition in question. Correspondingly the 'depressive position' is accorded a place of central importance in the views of Melanie Klein and her collaborators. Here I must confess that the accordance of such a central place to the depressive position is difficult to reconcile with my own experience. It would be idle, of course, to deny the importance of the depressive position in individuals suffering from true depression or, for that matter, in individuals of a depressive type. So far as my experience goes, however, such individuals do not constitute any appreciable proportion of the analyst's clientèle, although, of course, they are common enough in ordinary psychiatric practice. So far as concerns the usual run of patients suffering from anxiety states, psychoneurotic symptoms and character difficulties, the central position seems to me to be schizoid rather than depressive in the vast majority of those who embark upon and persist in analytical treatment; and it is not very often that I find a patient under analysis displaying what I should regard as an incontrovertibly depressive (i.e. melancholic) reaction. By contrast I find schizoid reactions relatively common.

At this point I feel it necessary to refer to the distinction which I have already drawn (1941) between the characteristically melancholic affect of 'depression' and the 'sense of futility' which I have come to regard as the characteristically schizoid affect. From the point of view of the observer there is, admittedly, sufficient superficial similarity between the two affects to render the distinction difficult to draw in many cases, especially since the schizoid individual so commonly describes himself as 'depressed'; and consequently the familiar term 'depressed' is frequently applied in clinical practice to patients who should properly be described as suffering from a sense of futility. In this way a confusion of classification is liable to occur, with the result that a number of patients with psychoneurotic symptoms come to be regarded as belonging to the depressive type when the type to which they belong is really schizoid. Apart from this source of confusion, however, it is a common thing for a basic schizoid position to escape notice in the case of 'psychoneurotic' patients owing to the strength of psychoneurotic defences and the resulting prominence of psychoneurotic (e.g. hysterical) symptoms in the clinical picture. Yet, when we consider the cases cited by Janet in illustration of the material upon the basis of which he formulated the conception of hysteria as a clinical entity, it is difficult to avoid concluding that quite a number of the individuals concerned displayed remarkably schizoid characteristics; and indeed it may be surmised that an appreciable proportion would actually be diagnosed as frank schizophrenics if they appeared in a modern psychiatric clinic. Here it may be added that my own investigations of patients with hysterical symptoms leave me in no doubt whatever that the dissociation phenomena of 'hysteria' involve a split of the ego fundamentally identical with that which confers upon the term 'schizoid' its etymological significance.

'Back to Hysteria'

At this point it seems apposite to recall that Freud's earliest researches within the realm of psychopathology were concerned almost exclusively with hysterical (and *not* with melancholic) phenomena, and that it is upon a basis of these phenomena, accordingly, that psycho-analytical theory and practice were originally founded. It would doubtless be idle to speculate to what extent the development of psycho-analytical theory would have pursued a different course if hysterical phenomena had retained the central place which they originally occupied in Freud's researches; but it may at least be surmised that the importance subsequently assumed by the depressive position would have been assumed in large measure by the schizoid position. It was, of course, when Freud turned from the study of the repressed to a study of the agency of repression that the problems of melancholia began to oust problems of hysteria from the central position which the latter had hitherto occupied. That this should have been the case is not difficult to understand in view of (*a*) the close association which appears to exist between guilt and repression, on the one hand, and (*b*) the outstanding prominence which guilt assumes in the melancholic state, on the other. Be that as it may, Freud's theory of the super-ego certainly represents an attempt to trace the genesis of guilt and the instigation of repression to a common source in the Œdipus situation. This fact gives rise to a serious incompatibility between Freud's views regarding the origin of repression and Abraham's 'phase'

theory of libidinal development ; for, whilst Freud conceived the Œdipus situation, to which he looked for the rationale of repression, as essentially a genital situation, his account of the origin of the super-ego, which he regarded as the instigator of repression, is conceived in terms of an oral situation, i.e. a situation corresponding to a stage which, according to the ' phase ' theory, must necessarily be pregenital. Melanie Klein has, of course, come to regard the Œdipus situation as originating at a very much earlier stage than was formerly supposed. Her resolution of the difficulty must accordingly be interpreted as having been achieved at the expense of the ' phase ' theory. This theory has already been the subject of detailed criticism on my part (1941). At the same time I have now come to look for the source of repression not only beyond the genital attitude, but also beyond the Œdipus situation, and even beyond the level at which the super-ego is established. Thus I not only attempted elsewhere (1943) to show that *repression* originates primarily as a defence against ' bad ' internalized objects (and not against impulses, whether incestuous in the genital sense or otherwise), but also that *guilt* originates as an *additional* defence against situations involving bad internalized objects. According to this view, guilt originates on the principle that the child finds it more tolerable to regard himself as conditionally (i.e. morally) bad than to regard his parents as unconditionally (i.e. libidinally) bad. To describe the process whereby the change from the latter to the former attitude is effected, I introduced the term ' moral defence ' ; and, according to my view, it is only at the instance of the ' moral defence ' that the super-ego is established.[2] The establishment of the super-ego accordingly represents the attainment of a new level of structural organization, beneath which the old level persists. Thus, in my opinion, beneath the level at which the central ego finds itself confronted with the super-ego as an internal object of moral significance lies a level at which parts of the ego find themselves confronted with internal objects which are, not simply devoid of moral significance, but unconditionally bad from a libidinal standpoint (amoral internal persecutors of one kind or another). Whilst, therefore, the main phenomenon of melancholia may be regarded as receiving a relatively satisfactory explanation at the super-ego level, some of the accompanying phenomena are not so easily explained. Thus the paranoid and hypochondriacal trends which so frequently manifest themselves in melancholics represent an orientation towards internal objects which are in no sense ' good ', but are unconditionally (i.e. libidinally) bad. The same may be said of the obsessional features which are so characteristic of individuals in the initial stages of depression ; for the obsessional defence is not primarily moral. On the contrary, this defence is essentially a defence against the ' unlucky ', i.e. against situations involving relationships with unconditionally bad (internal) objects. It is equally difficult to find a satisfactory explanation of the symptoms of ' hysteria ' at the super-ego level—if for no other reason than that in ' hysteria ' the libidinal inhibitions which occur are out of all proportion to the measure of guilt which is found to be present. Since, therefore, it was in an effort on Freud's part to explain hysterical phenomena that psycho-analysis originated, it may not be without profit to return to a consideration of this material, encouraging ourselves, if encouragement be needed, with the slogan ' Back to hysteria '.

A Multiplicity of Egos

Attention has already been drawn to the fact that, whereas the repressed was eventually described by Freud as consisting essentially of impulses, he found it necessary to fall back upon structural conceptions (the ego and the super-ego) when he came to seek an explanation of the agency of repression. Reduced to its simplest terms, Freud's conception of repression is to the following effect :—(*a*) that the agency of repression is the ego, (*b*) that repression is instigated and maintained by the pressure of the super-ego (an internalized parental figure) upon the ego, (*c*) that the repressed consists essentially in libidinal impulses, and (*d*) that repression arises as a means of defence against impulses involved in the Œdipus situation and treated by the ego as ' guilty ' in terms of the pressure of the super-ego. That the agent and the instigator of repression should both be regarded as structures whilst the repressed is regarded as consisting of impulses involves a certain anomaly which appears so far to have escaped attention. The extent of this anomaly may perhaps best be appreciated in the light of the fact that the super-ego, which is described as the instigator of repression, is itself largely unconscious ; for this raises the difficult question whether the super-ego itself is not also repressed. Freud himself was by no means oblivious to this problem ; and he expressly envisages the possibility of the super-ego being in some measure subject to repression. Repression of the super-ego would, of course, represent the repression of a structure. It would thus appear

[2] I should add that, in my opinion, it is always ' bad ' objects that are internalized in the first instance, since it is difficult to find any adequate motive for the internalization of objects which are satisfying and ' good '. Thus it would be a pointless procedure on the part of the infant to internalize the breast of a mother with whom he already had a perfect relationship in the absence of such internalization, and whose milk proved sufficient to satify his incorporative needs. According to this line of thought it is only in so far as his mother's breast fails to satisfy his physical and emotional needs and thus becomes a bad object that it becomes necessary for the infant to internalize it. It is only later that good objects are internalized to defend the child's ego against bad objects which have been internalized already ; and the super-ego is a ' good object ' of this nature.

that the general possibility of the repression of a structure is recognized by Freud ; and, in the light of the considerations already advanced, it becomes reasonable to ask whether the repressed is not invariably and inherently structural. In this event the anomaly to which I have referred would be avoided.

That the repressed is essentially structural in nature is implicit in the view which I have already advanced (1943) to the effect that repression is primarily directed against internalized objects which are treated as bad ; for, unless it is assumed that internalized objects are structures, the conception of the existence of such objects becomes utterly meaningless. In the light of further experience, my view that repression is primarily directed against bad internalized objects has proved to require considerable elaboration in a direction which has eventually led me to a revised conception of psychical structure. What actually provided the occasion of my chief step in this direction was the analysis of a dream recorded by one of my patients. This patient was a married woman who originally came to me for analysis on account of frigidity. Her frigidity was unquestionably a phenomenon of hysterical dissociation (hysterical anæsthesia combined with hysterical paresis of the vagina) ; but, like all such phenomena, it represented but one part of a general personality problem. The dream itself was simple enough ; but it struck me in the light of one of those simple manifestations which have so often in the history of science been found to embody fundamental truths.

The (manifest) dream to which I refer consisted in a brief scene in which the dreamer saw the figure of herself being viciously attacked by a well-known actress in a venerable building which had belonged to her family for generations. Her husband was looking on ; but he seemed quite helpless and quite incapable of protecting her. After delivering the attack the actress turned away and resumed playing a stage part, which, as seemed to be implied, she had momentarily set aside in order to deliver the attack by way of interlude. The dreamer then found herself gazing at the figure of herself lying bleeding on the floor ; but, as she gazed, she noticed that this figure turned for an instant into that of a man. Thereafter the figure alternated between herself and this man until eventually she awoke in a state of acute anxiety.

It came as no great surprise to me to learn from the dreamer's associations that the man into whom the figure of herself turned was wearing a suit closely resembling one which her husband had recently acquired, and that, whilst he had acquired this suit at her instigation, he had taken ' one of his blondes ' to the fitting. This fact, taken in conjunction with the fact that in the dream he was a helpless spectator of the attack, at once confirmed a natural suspicion that the attack was directed no less against him than against herself. This suspicion was amply confirmed by further associations which need not be detailed. The course followed by the associations also confirmed an additional suspicion that the actress who delivered the attack belonged as much to the personality of the dreamer as did the figure of herself against which the attack was delivered. In actual fact, the figure of an actress was well suited to represent a certain aspect of herself ; for she was essentially a shut-in and withdrawn personality who displayed very little genuine feeling towards others, but who had perfected the technique of presenting façades to a point at which these assumed a remarkably genuine appearance and achieved for her a remarkable popularity. Such libidinal affect as she experienced had, since childhood, manifested itself predominantly in a secret phantasy life of masochistic complexion ; but in the life of outer reality she had largely devoted herself to the playing of rôles—e.g. the rôles of good wife, good mother, good hostess and good business woman. From this fact the helplessness attributed to her husband in the dream derived additional significance ; for, although she played the rôle of good wife with conspicuous success, her real personality was quite inaccessible to him and the good wife whom he knew was for the most part only the good actress. This held true not only within the sphere of emotional relationships, but also within the sphere of marital relations ; for, whilst she remained frigid during intercourse, she had acquired the capacity of conveying the impression of sexual excitement and sexual satisfaction. Further, as the analysis revealed beyond all question, her frigidity represented not only an attack upon the libidinal component in herself, but also a hostile attitude towards her husband as a libidinal object. It is clear, therefore, that a measure of hidden aggression against her husband was involved in her assumption of the rôle of actress as this was portrayed in the dream. It is equally clear from the dream that, in a libidinal capacity, she was identified with her husband as the object of her own aggression. At this point, it should be mentioned that, when the dream occurred, her husband was a member of one of the combatant Services and was about to return home on leave. On the eve of his return, and just before the occurrence of the dream, she had developed a sore throat. This was a conjunction of events which had occurred so frequently in the past as to preclude coincidence on this occasion, and which accordingly served to confirm her identification with her husband as the object of her aggression. The situation represented in the dream is thus one in which the dreamer in one capacity, so far unspecified, vents her aggression directly against herself in another capacity, viz., a libidinal capacity, whilst, at the same time,

venting her aggression indirectly against her husband as a libidinal object. At a superficial level, of course, this situation readily lent itself to being interpreted in the sense that the dreamer, being ambivalent towards her husband, had diverted the aggressive component in her ambivalent attitude from her husband to herself at the instance of guilt over her aggression in conformity with the melancholic pattern. Nevertheless, during the actual session in which the dream was recorded this interpretation did not commend itself to me as exhaustive, even at a superficial level.

It is obvious, of course, that the situation represented in the dream lent itself to a deeper interpretation than that to which reference has just been made. The situation was described a moment ago as one in which the dreamer in a capacity so far unspecified vented her aggression directly against herself in a libidinal capacity, whilst, at the same time, venting her aggression indirectly against her husband as a libidinal object. This description is, of course, incomplete in that it leaves unspecified the capacity in which she expressed her aggression ; and it is when we come to consider the nature of this unspecified capacity that the deeper significance of the dream becomes a matter of moment. According to the manifest content of the dream, it was as an actress that she delivered the attack ; and we have already seen how well suited the figure of an actress was to represent an aspect of herself hostile to libidinal relationships. However, abundant material had already emerged during the analysis to make it plain that the figure of an actress was at least equally well suited to represent the dreamer's mother—an artificial woman who had neither displayed any natural and spontaneous affection towards her children nor welcomed any such display on their part towards herself, and for whom the fashionable world provided a stage upon which she had spent her life in playing parts. It was thus easy to see that, in the capacity of actress, the dreamer was closely identified with her mother as a repressive figure. The introduction of her mother into the drama as an apparently ' super-ego ' figure at once raises the question whether the deeper interpretation of the dream should not be couched in terms of the Œdipus situation ; and it becomes natural to ask whether her father is not also represented. In reality her father had been killed on active service during the war of 1914–18, at a time when she was only six years of age ; and analysis had revealed the presence of considerable resentment towards him as a libidinal object who had proved at once exciting and rejecting (this resentment being focussed particularly upon the memory of an early dressing-room scene). If then we are to look for a representation of her father in the dream, our choice is obviously limited to a single figure—the man who alternated with the figure of the dreamer as the object of attack. We have seen, of course, that this figure represented her husband ; but analysis had already revealed how closely her husband was identified by transference with her father. For this, as well as for other reasons which need not be detailed, it was safe to infer that the man who was involved in the attack represented her father at the deeper level of interpretation. At this level, accordingly, the dream was capable of being interpreted as a phantasy in which both she and her father were portrayed as being killed by her mother on account of a guilty incestuous relationship. At the same time the dream was equally capable of being interpreted in terms of psychical structure, and thus as representing the repression of her libido on account of its incestuous attachment to her father at the instigation of a super-ego modelled upon her mother. Nevertheless, neither of these interpretations seemed to me to do justice to the material, although the structural interpretation seemed to offer the more fruitful line of approach.

At this point I feel it necessary to make some reference to the development of my own views regarding phantasy in general and dreams in particular. Many years ago I had the opportunity to analyse a most unusual woman whom, in retrospect, I now recognize to have been a schizoid personality, and who was a most prolific dreamer. Among the dreams recorded by this woman were a number which defied all efforts to bring them into conformity with the ' wish-fulfilment ' theory, and which she herself came to describe quite spontaneously as ' state of affairs ' dreams, intending by this description to imply that they represented actually existing endopsychic situations. Doubtless this made an impression on me. At any rate, much later, after Freud's theory of psychical structure had become familiar, after Melanie Klein had elaborated the conceptions of psychical reality and internal objects and after I myself had become impressed by the prevalence and importance of schizoid phenomena, I tentatively formulated the view that all the figures appearing in dreams represented either parts of the dreamer's own personality (conceived in terms of ego, super-ego and id) or else identifications on the part of the ego. A further development of this view was to the effect that dreams are essentially, not wish-fulfilments, but snapshots, or rather ' shorts ' (in the cinematographic sense), of situations existing in inner reality. To the view that dreams are essentially ' shorts ' of situations existing in inner reality I still adhere in conformity with the general line of thought pursued in this article ; but, so far as the figures appearing in dreams are concerned, I have now modified my view to the effect that such figures represent either parts of the ' ego ' or internalized objects. According to my present view, therefore, the situations depicted in dreams represent relationships existing between endopsychic structures ; and the same

applies to situations depicted in waking phantasies. This conclusion is the natural outcome of my theory of object-relationships taken in conjunction with a realization of the inescapable fact that internalized objects must be regarded as endo-psychic structures if any theoretic significance whatever is to be attached to them.

After this explanatory digression I must return to the specific dream under discussion with a view to giving some account of the conclusions which I subsequently reached, in no small measure as the result of an attempt to solve the theoretic problems which it raised in my mind. As I have already stated, none of the obvious interpretations seemed to me entirely satisfactory, although the structural type of interpretation seemed to offer the most fruitful line of approach. The reader will, of course, bear in mind what I have already said regarding psychical structures; and he will also recall my having already formulated the view that all psychopathological developments originate at a stage antecedent to that at which the super-ego develops and proceed from a level beneath that at which the super-ego operates. Thus no reference will be made in what follows either to the super-ego or to the id as explanatory concepts. On the contrary, whilst adopting a structural approach, I shall attempt to elucidate the significance of the dream quite simply in terms of the data which it itself provides.

In the manifest dream the actual drama involves four figures:—(1) the figure of the dreamer subjected to attack, (2) the man into whom this figure turns, and who then alternates with it, (3) the attacking actress, and (4) the dreamer's husband as a helpless onlooker. In our preoccupation with the actual drama, however, we must not forget our only witness of its occurrence —the dreamer herself, the observing ego. Including her, there are five figures to be reckoned with. At this juncture I venture to suggest that, if the dream had ended a few seconds earlier, there would only have been four figures, even on the assumption that the 'I' of the dream is taken into account; for it was only in the fifth act, so to speak, that a man began to alternate with the figure of the dreamer as the object of attack. This is an interesting reflection; for we must conclude that, up to the point of the emergence of this man, the object of attack was a composite figure. The special interest of this phenomenon resides in the fact that, as we have seen, there is good reason to regard a second figure as composite; for the attacking actress undoubtedly represented both another figure of the dreamer and the dreamer's mother. I venture, therefore, to hazard a further suggestion—that, if the dream had lasted a few seconds longer, there might well have been six figures, instead of five. It is safe, at any rate, to infer that there were six figures in the latent content; and this, after all, is what matters for purposes of interpretation. Assuming then that six figures are represented in the dream, let us proceed to consider the nature of these figures. When we do so, our first observation is that the figures fall into two classes—ego structures and object structures. Interestingly enough there are three members of each class. The ego structures are (1) the observing ego or 'I', (2) the attacked ego, and (3) the attacking ego. The object structures are (1) the dreamer's husband as an observing object, (2) the attacked object, and (3) the attacking object. This leads us to make a second observation—that the ego structures naturally lend themselves to be paired off with the object structures. There are three such pairs:— (1) the observing ego and the dreamer's husband, who also figured as an observer; (2) the attacking ego and the attacking object representing her mother, and (3) the attacked ego and the attacked object representing her father (for at this point it is to the deeper level of interpretation that we must adhere).

Bearing these two main observations in mind, let us now consider the conclusions to which I was led in an attempt to interpret the dream to my satisfaction. They are as follows. The three ego figures which appear as separate in the dream actually represent separate ego structures in the dreamer's mind. The dreamer's 'ego' is therefore split in conformity with the schizoid position; and it is split into three separate egos—a central ego and two other subsidiary egos which are both, relatively speaking, cut off from the central ego. Of these two subsidiary egos, one is the object of aggression on the part of the other. Since the ego which is attacked is closely related to the dreamer's father (and by transference to her husband), it is safe to infer that this ego is highly endowed with libido; and it may thus be appropriately described as a 'libidinal ego'. Since the attacking ego is closely related to the dreamer's mother as a repressive figure, its behaviour is quite in accord with that traditionally ascribed to the super-ego in the setting of the Œdipus situation. Since, however, the attack bears all the marks of being vindictive, rather than moral, and gives rise to an affect, not of guilt, but of plain anxiety, there is no justification (apart from preconceptions) for equating the attacking ego with the super-ego. In any case, as I have already indicated, there is reason to attach overriding psychopathological importance to a level beneath that at which the super-ego functions. At the same time, it was shown by the circumstances in which the dream occurred that the dreamer's libidinal relationship with her husband was severely compromised; and, so far as the dream is concerned, it is clearly to the operation of the attacking ego that we must look for the compromising factor. Consequently, the attacking ego may perhaps be most appropriately described as an 'internal saboteur'. In an

attempt to discover what this dream was stating and to determine the structural significance of what was stated, I was accordingly led to set aside the traditional classification of mental structure in terms of ego, id and super-ego in favour of a classification couched in terms of an ego-structure split into three separate egos—(1) a central ego (the 'I'), (2) a libidinal ego, and (3) an aggressive, persecutory ego which I designate as the internal saboteur. Subsequent experience has led me to regard this classification as having a universal application.

The Object-relationships of the Central Ego and the Subsidiary Egos

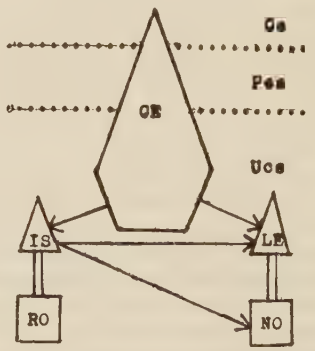
Such being my conclusions regarding the ego structures represented in the dream, let us now pass on to consider my conclusions regarding the object-relationships of these ego structures. As already indicated, each of the three egos in question naturally lends itself to being paired off with a special object. The special object of the central ego was the dreamer's husband; and it is convenient to begin by considering the nature of the attitude adopted by the dreamer's central ego towards him. Since the central ego was the observing 'I' of the dream, who was felt to be continuous with the waking 'I' by whom the dream was subsequently described, it is safe to infer that this ego is in no small measure preconscious—which is, in any case, what one would naturally expect of an ego deserving the title of 'central'. This inference gains further support from the fact that the dreamer's husband was a supremely important object in outer reality and was very much in the dreamer's conscious thoughts on the eve of the dream. Although the figure representing him in the dream must be regarded as an internalized object, this object must obviously occupy a much more superficial position in the psyche than the other objects represented (parental objects internalized in childhood); and it must correspond comparatively closely to the relative object in outer reality. Accordingly, the dreamer's attitude to her husband as an external object assumes considerable significance for our present purpose. This attitude was essentially ambivalent, especially where marital relations were concerned. Active manifestations of aggression towards him were, however, conspicuously absent. Equally, her libidinal attachment to him bore the marks of severe repression; and, in associating to the dream, she reproached herself over her lack of deep feeling towards him and her failure to give to him of herself, albeit her conscious capacity to remedy these deficiencies was restricted to an assumption of the rôle of 'good wife'. The question therefore arises whether, since her hidden aggression towards him and her hidden libidinal need of him do not declare themselves directly in the dream, they may not manifest themselves in some indirect fashion.

No sooner is this question raised than we are at once reminded of the metamorphosis undergone by the figure of the libidinal ego after this was attacked by the figure of the internal saboteur. The libidinal ego changed into, and then began alternating with, a man who, whilst representing the dreamer's father at a deep level, was nevertheless closely associated with her husband. It is thus evident that, instead of being directed against her husband as an external object, a considerable proportion of her aggression was absorbed in an attack directed, not simply against the libidinal ego, but also against an internal object closely connected with the libidinal ego. It is likewise evident that this volume of aggression had come to be at the disposal, not of the central ego, but of the internal saboteur. What then of the libidinal component in her ambivalence? As we have seen, her libidinal attitude to her husband showed signs of considerable impoverishment in spite of good intentions at a conscious level. It is obvious, accordingly, that what held true of her aggression also held true of her libido. A considerable proportion had ceased to be at the disposal of the central ego. The object towards whom this volume of libido is directed can hardly remain in doubt. In terms of the dream, it must surely be the man who alternated with the libidinal self as the object of aggression. Unlike the aggression, however, this libido is not at the disposal of the internal saboteur. On the contrary we must regard it as being at the disposal of the libidinal ego; and indeed it is precisely for this reason that the term 'libidinal ego' has come to commend itself to me for adoption. At this point it becomes desirable to formulate a suspicion which must be already present in the mind of the reader—that, although it is represented otherwise in the dream, the attack delivered by the internal saboteur is only secondarily directed against the libidinal ego and is primarily directed against the libidinal object which alternates with this ego. Assuming this suspicion to be correct, we must regard the ordeal to which the libidinal ego is subjected as evidence of a very complete identification with, and therefore a very strong libidinal attachment to, the attacked object on the part of the libidinal ego. It is evidence of the measure of 'suffering' which the libidinal ego is prepared to endure out of devotion to its object. The anxiety experienced by the dreamer on waking may be interpreted in a similar sense; and indeed I venture to suggest that this anxiety represented an irruption into consciousness of such 'suffering' on the part of the libidinal ego. Here we are at once reminded of Freud's original conception of neurotic anxiety as libido converted into suffering. This is a view which at one time presented the greatest theoretic difficulty to me, but which I have now come to appreciate in the light of my present standpoint, and substantially to accept in preference to the

modified view which Freud later (and, as I think, rather reluctantly) came to adopt.

The position regarding the object-relationships of the three egos represented in the dream has now been to some extent clarified ; but the process of clarification is not yet complete. Up to date, the position which has emerged would appear to be as follows. The dreamer's preconscious attitude towards her husband is ambivalent ; and this is the attitude adopted by her central ego towards its external object, as well as towards the internalized representative of this object. However, both the libidinal and the aggressive components in the object-relationship of the central ego are predominantly passive. On the other hand, a considerable proportion of the dreamer's active libido is at the disposal of the libidinal self and is directed towards an internalized object which, for purposes of nomenclature, may perhaps best be described as ' the (internal) needed object '. At the same time, a considerable proportion of her aggression is at the disposal of the internal saboteur and is directed (*a*) towards the libidinal self, and (*b*) towards the needed object (i.e. towards the object of the libidinal self). It cannot fail to be noticed, however, that this summary of the position leaves out of account certain endopsychic relationships which may be presumed to exist—notably (1) the relationship of the central ego to the other egos, and (2) the relationship of the internal saboteur to the internalized object with which it is so closely associated, and which is represented by the maternal component in the actress figure. Taking the latter relationship first, we have no difficulty in seeing that, since the actress in the dream was a composite figure representing both the dreamer's mother and herself, the internal saboteur is closely identified with its object and must therefore be regarded as bound to this object by a strong libidinal attachment. For purposes of description we must give the object a name ; and I propose to describe it as ' the (internal) rejecting object '. I have chosen this term primarily for a reason which will emerge later ; but meanwhile my justification will be that the dreamer's mother, who provided the original model of this internalized object, was essentially a rejecting figure, and that it is, so to speak, in the name of this object that the aggression of the internal saboteur is directed against the libidinal self. As regards the relationship of the central ego to the other egos, our most important clue to its nature lies in the fact that, whereas the central ego must be regarded as comprising preconscious and conscious, as well as unconscious, elements, the other egos must equally be regarded as essentially unconscious. From this we may infer that the libidinal ego and the internal saboteur are both rejected by the central ego ; and this inference is confirmed by the fact that, as we have seen, the considerable volume of libido and of aggression which has ceased to be at the disposal of the central ego is now at the disposal of the subsidiary egos. Assuming then that the subsidiary egos are rejected by the central ego, it becomes a question of the dynamic of this rejection. Obviously the dynamic of rejection cannot be libido. So there is no alternative but to regard it as aggression. Aggression must, accordingly, be regarded as the characteristic determinant of the attitude of the central ego towards the subsidiary egos.

I have now completed the account of my attempt to reconstruct, in terms of dynamic structure, the endopsychic situation represented in a patient's dream. The account has been cast in the form of a reasoned statement ; and, as such, it should serve to give some indication of what is involved in my view that dreams are essentially ' shorts ' of inner reality (rather than wish-fulfilments). However, it is not primarily with the aim of substantiating my views on dreams in general that I have claimed so much of the reader's attention for a single dream. On the contrary, it is because the dream in question seems to me to represent an endopsychic situation of a classic order, and indeed of a basic character which entitles it to be regarded as the paradigm of all endopsychic situations. For convenience, the general features of this situation are illustrated in the accompanying diagram.



CE, Central Ego ; IS, Internal Saboteur ; LE, Libidinal Ego ; RO, Rejecting Object ; NO, Needed Object. Cs, Conscious ; Pcs, Preconscious ; Ucs, Unconscious. ⟶, Aggression ; =, Libido.

The Basic Endopsychic Situation and a Revised Theory of Mental Structure Founded thereon

I myself feel convinced that the basic endopsychic situation above described is the situation underlying Freud's description of the mental apparatus in terms of ego, id, and super-ego. It is certainly the endopsychic situation upon which I deliberately base the revised theory of mental structure which I now submit, and which is couched in terms of central ego, libidinal ego and internal saboteur. As it would, of course, be natural to expect, there is a general correspondence between Freud's concepts and those which I have

now come to adopt. In the case of 'the central ego' the correspondence to Freud's 'ego' is fairly close from a functional standpoint; but there are important differences between the two concepts. Unlike Freud's 'ego', the 'central ego' is not conceived as originating out of something else (the 'id'), or as constituting a passive structure dependent for its activity upon impulses proceeding from the matrix out of which it originated, and on the surface of which it rests.[3] On the contrary, the 'central ego' is conceived as a primary and dynamic structure, from which, as we shall shortly see, the other mental structures are subsequently derived. The 'libidinal ego' corresponds, of course, to Freud's 'id'; but, whereas according to Freud's view the 'ego' is a derivative of the 'id', according to my view the 'libidinal ego' (which corresponds to the 'id') is a derivative of the 'central ego' (which corresponds to the 'ego'). The 'libidinal ego' also differs from the 'id' in that it is conceived, not as a mere reservoir of instinctive impulses, but as a dynamic structure comparable to the 'central ego', although differing from the latter in various respects, e.g. in its more infantile character, in a lesser degree of organization, in a smaller measure of adaptation to reality and in a greater devotion to internalized objects. The 'internal saboteur' differs from the 'super-ego' in a number of respects. For one thing it is in no sense conceived as an internal object. It is wholly an ego structure, although, as we have seen, it is very closely associated with an internal object. Actually, the 'super-ego' corresponds not so much to the 'internal saboteur' as to a compound of this structure and its associated object (like the figure of the actress in the dream). At the same time, the 'internal saboteur' is unlike the 'super-ego' in that it is conceived as, in itself, devoid of all moral significance. Thus I do not attribute the affect of guilt to its activity, although this activity is unquestionably a prolific source of anxiety. Such anxiety may, of course, merge with guilt; but the two affects are theoretically distinct. Here it should be noted that, whilst introducing the conception of the internal saboteur, I am not prepared to abandon the conception of the super-ego as I have now come to abandon that of the id. On the contrary, it seems to me impossible to offer any satisfactory psychological explanation of guilt in the absence of the super-ego; but the super-ego must be regarded as originating at a higher level of mental organization than that at which the internal saboteur operates. Exactly how the activities of the two structures are related must in the meantime remain an open question; but for the most recent expression of my views regarding the origin and the function of the super-ego I must refer the reader to another article (1943).

Splitting of the Ego and Repression considered as Aspects of an Identical Process Operative in both Schizoid and Hysterical Conditions

Before proceeding to consider the origin of what I have called 'the basic endopsychic situation', I feel it necessary to record some general conclusions which seem to follow from the inherent nature of the situation itself. The first and most obvious of these conclusions is that the ego is split. In this respect, therefore, the basic endopsychic situation which has now emerged conforms to the pattern of the schizoid position—a position which, as already indicated, I have come to regard as central (in preference to the depressive position). Freud's theory of the mental apparatus was, of course, developed upon a basis of the depressive position; and it is on a similar basis that Melanie Klein has developed her views. By contrast, it is the schizoid position that constitutes the basis of the theory of mental structure which I now advance. It is to be noted, further, that, whilst conforming to the pattern of the schizoid position, the endopsychic situation revealed in my patient's dream also provided a satisfactory explanation of the dreamer's hysterical frigidity in terms of dynamic structure. Here we are reminded of the common association of hysterical symptoms with an underlying schizoid attitude—an association to which reference has already been made. There would, accordingly, appear to be good grounds for our second conclusion—that hysterical developments are inherently based upon an underlying and fundamental schizoid position. Our third conclusion follows from what has already been said regarding the aggressive attitude of the central ego towards the subsidiary egos. It is to the effect that the splitting of the ego observed in the schizoid position is due to the operation of a certain volume of aggression which remains at the disposal of the central ego. It is this aggression that provides the dynamic of the severance of the subsidiary egos from the central ego. The subsidiary egos are, of course, ordinarily unconscious; and their unconscious status at once raises the suspicion that they are subject to repression. This is obviously so in the case of the libidinal ego (which corresponds to Freud's id); but, if one of the subsidiary ego structures can be repressed, there is no reason for regarding the other as immune from similar treatment at the hands of the central ego. Consequently our fourth conclusion is that the internal saboteur (which largely corresponds to Freud's super-ego in function) is repressed no less than the libidinal ego. This conclusion may at

[3] Freud's conception of the ego was, of course, borrowed from Groddeck; but, if there is any truth in the conclusions which will shortly be recorded, it is a conception based upon an endopsychic situation resulting from repression, and therefore is anomalous in terms of Freud's own views, since it implies that repression is responsible for the origin of the ego.

first sight appear to be in conflict with the theory which I previously advanced (1943), to the effect that repression is primarily directed against bad internalized objects. There is no real inconsistency, however; for I regard the repression of the subsidiary egos, which I now envisage, as secondary to the repression of bad internalized objects. Here we find a helpful analogy in the attack of the internal saboteur on the libidinal ego; for, as we have seen, the aggression involved in this attack is primarily directed against the needed object to which the libidinal ego is related, and only secondarily against the libidinal ego itself. Similarly, I regard repression of the libidinal ego on the part of the central ego as secondary to repression of the needed object. Our fifth conclusion needs no elaboration in the light of what precedes. It is to the effect that the dynamic of repression is aggression. Our sixth, and last, conclusion, which follows equally from preceding conclusions, is that splitting of the ego, on the one hand, and repression of the subsidiary egos by the central ego, on the other, constitute essentially the same phenomenon considered from different points of view. Here it is apposite to recall that, whilst the concept of splitting of the ego was formulated by Bleuler in an attempt to explain the phenomena of what was known as 'dementia præcox' until he introduced the term 'schizophrenia' to take its place, the concept of repression was formulated by Freud in an attempt to explain the phenomena of hysteria. Our final conclusion thus serves to substantiate the view that the position underlying the development of hysterical symptoms is essentially a schizoid position.

The Origin of the Basic Endopsychic Situation and of the Multiplicity of Egos

It is now time for us to turn our attention to questions regarding the origin of the basic endopsychic situation which found a classic expression in my patient's dream. In the light of considerations which have already emerged, it will be obvious that whatever explanation we may reach regarding the origin of this situation will also serve as an explanation of the origin of the schizoid position, the origin of repression and the differentiation of the various fundamental endopsychic structures. As we have seen, the patient whose dream has occupied so much of our attention was essentially ambivalent towards her husband as an external object; and it is from the establishment of a state of ambivalence towards external objects in early life that the basic endopsychic situation springs. The first libidinal object of the infant is, of course, his mother's breast, although there can be no doubt that the form of his mother as a person soon begins to take shape round the original nucleus of this maternal organ. Under theoretically perfect conditions the libidinal relationship of the infant to his mother would be so satisfactory that a state of libidinal frustration could hardly arise; and, as I see it, there would consequently be no ambivalence on the part of the infant towards his object. At this point I must explain that, whilst I regard aggression as a primary dynamic factor in that it does not appear capable of being resolved into libido (as Jung, for example, sought to resolve it), at the same time I regard it as ultimately subordinate to libido, not only metaphysically, but also psychologically. Thus I do not consider that the infant directs aggression spontaneously towards his libidinal object in the absence of frustration; and my observation of the behaviour of animals confirms me in this view. It should be added that in a state of nature the infant would never normally experience that separation from his mother which appears to be imposed upon him increasingly by conditions of civilization. Indeed, it may be inferred that in a state of nature it would be rare for the infant to be deprived of the shelter of his mother's arms and of ready access to her breast until, in the ordinary course of development, he himself became increasingly disposed to dispense with them.[4] Such perfect conditions are, however, only theoretically possible for the human infant born into a cultural group; and in actual fact the libidinal relationship of the infant to his mother is disturbed from the first by a considerable measure of frustration, although, of course, the degree of such frustration varies in different cases. It is the experience of libidinal frustration that calls forth the infant's aggression in relation to his libidinal object and thus gives rise to a state of ambivalence. To content ourselves with saying simply that the infant becomes ambivalent would, however, be to give an incomplete and partial picture of the situation which now arises; for it would be a picture conceived exclusively from the point of view of the observer. From the point of view of the infant himself it is a case of his mother becoming an ambivalent object, i.e. an object which is both good and bad. Since it proves intolerable to him to have a good object which is also bad, he seeks to alleviate the situation by splitting the figure of his mother into two objects. Then, in so far as she satisfies him libidinally, she is a good object, and, in so far as she fails to satisfy him libidinally, she is a bad object. The situation in which he now finds himself placed proves, however, in its turn to be one which imposes a severe strain upon his capacity for endurance and his power of adjust-

[4] It must be recognized, of course, that, under any conditions, a profound sense of separation and loss of security must be experienced by the infant at the time of birth; and it may be presumed that some measure of aggression, in addition to anxiety, is called forth by this experience. There is no reason, however, to think that this experience in itself would give rise to a state of ambivalence in the absence of further experience of libidinal frustration during infancy.

ment. Being a situation in outer reality, it is one which he finds himself impotent to control, and which, accordingly, he seeks to mitigate by such means as are at his disposal. The means at his disposal are limited ; and the technique which he adopts is more or less dictated by this limitation. He accordingly follows the only path open to him and, since outer reality seems unyielding, he does his best to transfer the traumatic factor in the situation to the field of inner reality, within which he feels situations to be more under his own control. This means that he internalizes his mother as a bad object. Here I would remind the reader that, in my opinion, it is always the bad object (i.e., at this stage, the unsatisfying object) that is internalized in the first instance ; for (as already indicated in a footnote) I find it difficult to attach any meaning to the primary internalization of a good object which is both satisfying and amenable from the infant's point of view. There are those, of course, who would argue that it would be natural for the infant, when in a state of deprivation, to internalize the good object on the wish-fulfilment principle ; but, as it seems to me, internalization of objects is essentially a measure of coercion and it is not the satisfying object, but the unsatisfying object that the infant seeks to coerce. I speak here of ' the satisfying object ' and ' the unsatisfying object ', rather than of ' the good object ' and ' the bad object ', because I consider that, in this connection, the terms ' good object ' and ' bad object ' tend to be misleading. They tend to be misleading because they are liable to be understood in the sense of ' desired object ' and ' undesired object ' respectively. There can be no doubt, however, that a bad object may be desired. Indeed it is just because the infant's bad object is desired as well as felt to be bad that it is internalized. The trouble is that it remains bad after it has been internalized, i.e. it remains unsatisfying. At this point an important consideration arises. Unlike the satisfying object, the unsatisfying object has, so to speak, two facets. On the one hand, it frustrates ; and, on the other hand, it tempts and allures. Indeed its essential ' badness ' consists precisely in the fact that it combines allurement with frustration. Further, it retains both these qualities after internalization. After internalizing the unsatisfying object, accordingly, the infant finds himself in the quandary of ' out of the frying-pan into the fire '. In his attempts to control the unsatisfying object, he has introduced into the inner economy of his mind an object which not only continues to frustrate his need, but also continues to whet it. He thus finds himself confronted with another intolerable situation—this time an internal one. How does he seek to deal with it ? As we have seen, in his attempt to deal with the intolerable external situation with which he was originally faced his technique was to split the maternal object into two objects, (*a*) the ' good ' and (*b*) the ' bad ', and then proceed to internalize the bad object ; and in his attempt to deal with the intolerable internal situation which subsequently arises he adopts a technique which is not altogether dissimilar. He splits the bad internal object into two objects—(*a*) the tempting or needed object and (*b*) the frustrating object ; and then he represses both these objects (employing aggression, of course, as the dynamic of repression). Here a complication arises, however ; for his libidinal attachment to the undivided object is shared, albeit not in equal proportions, by the objects resulting from division. The consequence is that, in the process of repressing the resultant objects, the ego, so to speak, develops pseudopodia by means of which it still maintains libidinal attachments to the objects undergoing repression. The development of these pseudopodia represents the initial stage of a division of the ego. As repression of the objects proceeds, the incipient division of the ego becomes an accomplished fact. The two pseudopodia are rejected by the part of the ego which remains central on account of their connection with the rejected objects ; and with their associated objects they share the fate of repression. It is in this way that the two subsidiary egos, the libidinal ego and the internal saboteur, come to be split off from the central ego, and that a multiplicity of egos arises.

The *Divide et Impera* Technique for the Disposal of Libido and Aggression

It will be noted that the situation resulting from the sequence of processes which has just been described has now assumed the *structural* pattern of what I have called ' the basic endopsychic situation '. It has also assumed the *dynamic* pattern of this situation except in one important respect—that the aggressive attitude adopted by the internal saboteur towards the libidinal ego and its associated object (the needed object) is still left out of the picture. In order to explain the origin of this feature of the situation, we must return to the original ambivalence of the child towards his mother and consider from a fresh angle what this involves. This time we shall consider the child's reactions, less in their conative, and more in their affective aspect. It is natural for the child, not only to be impulsive, but also to express his feelings in no uncertain terms. Moreover, it is through the expression of his feelings that he makes his chief impression upon his objects. Once ambivalence has been established, however, the expression of feeling towards his mother involves him in a position which must seem to him singularly precarious. Here it must be pointed out that what presents itself to him from a strictly conative standpoint as *frustration* at the hands of his mother presents itself to him in a very different light from a strictly affective standpoint. From the latter standpoint, what he experiences is a sense of lack of love, and indeed emotional *rejection*

on his mother's part. This being so, the expression of hate towards her as a rejecting object becomes in his eyes a very dangerous procedure. On the one hand, it is calculated to make her reject him all the more, and thus to increase her 'badness' and make her seem *more real* in her capacity of bad object. On the other hand, it is calculated to make her love him less, and thus to decrease her 'goodness' and make her seem *less real* (i.e. destroy her) in her capacity of good object. At the same time, it also becomes a dangerous procedure for the child to express his libidinal need, i.e. his nascent love, of his mother in face of rejection at her hands; for it is equivalent to discharging his libido into an emotional vacuum. Such a discharge is accompanied by an affective experience which is singularly devastating. In the older child this experience is one of intense humiliation over the depreciation of his love, which seems to be involved. At a somewhat deeper level (or at an earlier stage) the experience is one of shame over the display of needs which are disregarded or belittled. In virtue of these experiences of humiliation and shame he feels reduced to a state of worthlessness, destitution or beggardom. His sense of his own value is threatened; and he feels bad in the sense of 'inferior'. The intensity of these experiences is, of course, proportionate to the intensity of his need; and intensity of need itself increases his sense of badness by contributing to it the quality of 'demanding too much'. At the same time his sense of badness is further complicated by the sense of utter impotence which he also experiences. At a still deeper level (or at a still earlier stage) the child's experience is one of, so to speak, exploding ineffectively and being completely emptied of libido. It is thus an experience of disintegration and of imminent psychical death.

We can understand accordingly how precarious a matter it becomes for the child, when confronted with the experience of rejection by his mother, to express either aggressive or libidinal affect towards her. Reduced to its simplest terms, the position in which he finds himself placed would appear to be one in which, if, on the one hand, he expresses aggression, he is threatened with loss of his good object, and, if, on the other hand, he expresses libidinal need, he is threatened with the loss of his libido (which for him constitutes his own goodness) and ultimately with loss of the ego structure which constitutes himself. Of these two threats by which the child feels menaced, the former (i.e. loss of the good object) would appear to be that which gives rise to the affect of depression, and which provides a basis for the subsequent development of a melancholic state in individuals for whom the disposal of aggression presents greater difficulties than the disposal of libido. On the other hand, the latter threat (i.e. loss of libido and of ego structure) would appear to be that which gives rise to the affect of futility, and which provides a basis for the subsequent development of a schizoid state in individuals for whom the disposal of libido presents greater difficulties than the disposal of aggression.

So far as the ætiology of depressive and schizoid states is concerned, views similar to those just indicated have already been developed by me at some length previously (1941). In the present instance, however, our immediate concern is with the measures adopted by the child to circumvent the various dangers which appear to him to attend the expression of affect, whether libidinal or aggressive, towards his mother when he is faced with the experience of rejection at her hands. As we have already seen, he attempts to deal with the ambivalent situation successively (1) by splitting the figure of his mother into two objects, a good and a bad, (2) by internalizing the bad object in an endeavour to control it, (3) by splitting the bad internalized object in turn into two objects, viz. (*a*) the tempting or needed object, and (*b*) the rejecting object, (4) by repressing both these objects and employing a certain volume of his aggression in the process, and (5) by employing a further volume of his aggression in splitting off from his central ego and repressing two subsidiary egos which remain attached to these respective internalized objects by libidinal ties. These various measures, based upon the techniques of internalization and splitting, serve to mitigate the asperities of the situation resulting from the child's experience of frustration in his relationship with his mother and his sense of rejection at her hands; but, except in the most extreme cases, they do not succeed in eliminating the child's need of his mother as an object in outer reality, or in robbing her of all significance—which, after all, is just as well. In conformity with this fact, his libido and his aggression are very far from being wholly absorbed in the processes so far described; and, consequently, the risks involved in the expression of libidinal and aggressive affect towards his mother as a rejecting object still remain to be met. The measures so far described thus require to be supplemented. Actually they are supplemented by a very obvious technique which is closely akin to the well-known principle of '*Divide et impera*'. The child seeks to circumvent the dangers of expressing both libidinal and aggressive affect towards his object by using a maximum of his aggression to subdue a maximum of his libidinal need. In this way he reduces the volume of affect, both libidinal and aggressive, demanding outward expression. As has already been pointed out, of course, neither libido nor aggression can be considered as existing in a state of divorce from structure. Accordingly, what remains for us to decide is to which of the ego structures already described the child's excess of libido and excess of aggression are to be respectively allotted. This is a question to which the answer can be in no doubt. The excess of libido is taken over by the libidinal

ego ; and the excess of aggression is taken over by the internal saboteur. The child's technique of using aggression to subdue libidinal need thus resolves itself into an attack by the internal saboteur upon the libidinal ego. The libidinal ego in its turn directs the excess of libido with which it becomes charged towards its associated object, the needed object. On the other hand, the attack of the internal saboteur upon this object represents a persistence of the child's original resentment towards his mother as a temptress inciting the very need which she fails to satisfy and thus reducing him to bondage—just as, indeed, the attack of the internal saboteur upon the libidinal ego represents a persistence of the hatred which the child comes to feel towards himself for the dependence dictated by his need. It should be added that the processes just described take place simultaneously with those which they are designed to supplement, although, in the interests of clarity of exposition, they have been described separately.

Direct Repression, Libidinal Resistance and Indirect Repression

Now that the origin of the aggressive attitude adopted by the internal saboteur towards the libidinal ego and the needed object has been described, our account of the processes which determine the dynamic pattern of the basic endopsychic situation is complete. At this point, however, something requires to be added to what has already been said regarding the nature and origin of repression. In terms of the line of thought so far developed, repression is a process originating in a rejection of both the needed object and the rejecting object on the part of the undivided ego. This primary process of repression is accompanied by a secondary process of repression whereby the ego splits off and rejects two parts of itself, which remain attached respectively to one and the other of the repressed internal objects. The resulting situation is one in which the central ego (the residue of the undivided ego) adopts an attitude of rejection, not only towards the needed object and the rejecting object, but also towards the split off and subsidiary egos attached to these respective objects, i.e. the libidinal ego and the internal saboteur. This attitude of rejection adopted by the central ego constitutes repression ; and the dynamic of the rejection is aggression. So far so good. But this explanation of the nature and origin of repression is incomplete in so far as it has not yet taken into account what is involved in the technique of reducing the volume of libido and aggression available for expression towards external objects by employing a maximum of aggression to subdue a maximum of libido. As we have seen, this technique resolves itself into a process whereby (*a*) the excess of aggression is taken over by the internal saboteur and devoted to an attack upon the libidinal ego, and (*b*) the excess of libido is taken over by the libidinal ego and directed towards the needed object. When the full significance of this process is considered, it becomes at once plain that the relentless attack of the internal saboteur upon the libidinal ego must operate as a very powerful factor in furthering the aims of repression. Indeed, so far as dynamic is concerned, it seems more than likely that this is the most important factor in the maintenance of repression. Obviously it is upon the phenomenon just mentioned that Freud's conception of the super-ego and its repressive functions is based ; for the uncompromising hostility which, according to Freud, characterizes the attitude of the super-ego towards id impulses coincides exactly with the uncompromisingly aggressive attitude adopted by the internal saboteur towards the libidinal ego. Similarly, Freud's observation that the self-reproaches of the melancholic are ultimately reproaches directed against the loved object falls readily into line with the aggressive attitude adopted towards the needed object by the internal saboteur.

There is no need at this point to repeat the criticisms already passed upon Freud's conceptions of the super-ego and the id, and upon all that is involved in these conceptions. It does, however, seem desirable to draw attention to the fact that, in his description of repression, Freud left completely out of account all that is involved in the phenomenon which I have described as the attachment of the libidinal ego to the needed object. As we have seen, this attachment comes to absorb a considerable volume of libido. Further, the volume of libido in question is directed towards an object which is both internal and repressed ; and, in conformity with this fact, it is inevitably oriented away from outer reality. Such being the case, the object-seeking of the libidinal ego operates as a resistance which powerfully reinforces the resistance directly resulting from repression, and which is thus no less in conflict with therapeutic aims than is the latter resistance. This is a theme which I have already developed, *mutatis mutandis*, elsewhere (1943). I add the proviso '*mutatis mutandis*' here, because, at the time when I wrote the article referred to, I had not yet formulated my present views regarding endopsychic structures ; but the effect of these latter views is to give greater point, rather than otherwise, to the original theme. This theme is, of course, in direct conflict with Freud's statement (1920 ; 19) : 'The unconscious, i.e. the "repressed" material, offers no resistance whatever to curative efforts.' It is, however, a theme which develops naturally out of the view that libido is primarily object-seeking, once we come to consider what happens when the object sought is a repressed internal object ; and, in terms of my present standpoint, there can be no room for doubt that the obstinate attachment of the libidinal ego to the needed object and its reluctance to renounce this object constitute a

particularly formidable source of resistance—and one which plays no small part in determining what is known as the negative therapeutic reaction. The attachment in question, being libidinal in character, cannot, of course, be regarded as in itself a repressive phenomenon; but, whilst itself a resultant of repression exercised by the central ego, it also functions as a powerful aid to this process of repression. The attack of the internal saboteur upon the object of the libidinal ego (the needed object) serves, of course, to perpetuate the attachment of the libidinal ego to its object by virtue of the fact that this object is being constantly threatened. Here we catch a glimpse of the original wolf under its sheep's clothing, i.e. we catch a glimpse of the original ambivalent situation persisting underneath all its disguises; for what the obstinate attachment of the libidinal ego to the needed object and the equally obstinate aggression of the internal saboteur towards the same object really represent is the obstinacy of the original ambivalent attitude. The truth is that, however well the fact may be disguised, the individual is extremely reluctant to abandon his original hate, no less than his original need, of his original objects in childhood. This holds particularly true of psychoneurotic and psychotic individuals, not to mention those who fall into the category of psychopathic personality.

If the attachment of the libidinal ego to the needed object serves as a powerful aid to repression, the same may equally be said of the aggressive attitude adopted towards this internal object by the internal saboteur. So far as the actual process of repression is concerned, however, the latter differs from the former in one important respect; for not only does it forward the aim of repression, but it also actually operates in the same manner as repression. In its attack upon the needed object it performs a function which constitutes it a co-belligerent, albeit not an ally, of the central ego, whose repression of the needed object represents, as we have seen, a manifestation of aggression. The internal saboteur functions further as a co-belligerent of the central ego in respect of its attack upon the libidinal ego—an attack which serves to supplement that involved in the repression of this ego by the central ego. There is a sense, therefore, in which it would be true to say that the attacks of the internal saboteur upon the libidinal ego and upon its associated object represent an *indirect form of repression*, whereby the direct repression of these structures by the central ego is both supplemented and facilitated.

As we have already seen, the subsidiary egos owe their origin to a split of the undivided ego: but, as we have also seen, what presents itself from a topographic standpoint as simply a split of the ego presents itself from a dynamic standpoint as an active rejection and repression of both the subsidiary egos on the part of the central ego. It thus becomes a matter for some comment that, whilst both the libidinal ego and the internal saboteur share a common fate so far as direct repression is concerned, only one of the subsidiary egos, viz. the libidinal ego, should be subjected to the process of indirect repression. When the difference between direct and indirect repression is considered in the light of what has already been said, it is, of course, plain that the process of repression described by Freud corresponds very much more closely to what I have described as indirect repression than to what I have described as direct repression. Nevertheless, when Freud's conception of repression is compared with my conception of the total phenomenon of repression, both direct and indirect, this common feature may be detected—that the libidinal components in the psyche are subjected to a much greater measure of repression than the aggressive components. There can be no doubt, of course, that the repression of aggressive components does occur: but it is difficult to see how this fact can be consistently explained in terms of Freud's theory of the mental apparatus. This theory, conceived as it is in terms of a fundamental divorce between impulse and structure, would appear to permit only of the repression of libido: for, in terms of Freud's theory, the repression of aggression would involve the anomaly of aggression being used to repress aggression. By contrast, if, in conformity with the point of view which I advocate, we conceive of impulse as inseparable from structure and as representing simply the dynamic aspect of structure, the repression of aggressive components in the psyche is no more difficult to account for than the repression of libidinal components. It then becomes a question, not of aggression repressing aggression, but of one ego structure using aggression to repress another ego structure charged with aggression. This being so, my view to the effect that the internal saboteur, no less than the libidinal ego, is repressed by the central ego provides a satisfactory explanation of the repression of aggressive components. At the same time, the fact that libidinal components are subject to a greater measure of repression than aggressive components is satisfactorily explained by means of the conception of indirect repression. The truth would appear to be that, if *the principle of repression* governs the disposal of *excess libido* in greater measure than it governs the disposal of excess aggression, *the principle of topographical redistribution* governs the disposal of *excess aggression* in greater measure than it governs the disposal of excess libido.

The Significance of the Œdipus Situation

I have already said enough to indicate that the technique whereby aggression is employed to subdue libido is a process which finds a common place in Freud's conception of 'repression' and my

own conception of 'indirect repression'. At the same time, my views regarding the origin of this technique differ from those of Freud. According to Freud, the technique originates as a means of averting the expression of libidinal (incestuous) impulses towards one parent and aggressive (parenticidal) impulses towards the other parent in the setting of the Œdipus situation. According to my view, on the other hand, the technique originates in infancy as a means of averting the expression of both libido and aggression on the part of the infant towards his mother, who at this stage constitutes his only significant object, and upon whom he is wholly dependent. This discrepancy of views will be interpreted, quite correctly, in the sense that I have departed from Freud in my evaluation of the Œdipus situation as an explanatory concept. For Freud, the Œdipus situation is, so to speak, an ultimate cause; but this is a view with which I no longer find it possible to agree. So far from agreeing, I now consider that the rôle of ultimate cause, which Freud allotted to the Œdipus situation, should properly be allotted to the phenomenon of infantile dependence. In conformity with this standpoint, the Œdipus situation presents itself, not so much in the light of a causal phenomenon as in the light of an end-product. It is not a basic situation, but the derivative of a situation which has priority over it not only in the logical, but also in the temporal sense. This prior situation is one which issues directly out of the physical and emotional dependence of the infant upon his mother, and which declares itself in the relationship of the infant to his mother long before his father becomes a significant object. The present is no occasion for an elaboration of the views which I have now reached regarding the Œdipus situation—views which have been in some measure adumbrated already (1941). Nevertheless, in view of the comparison which I have just drawn between my own conception of repression and Freud's conception, formulated as it is in terms of the Œdipus situation, it seems desirable that I should indicate briefly how I propose to introduce this classic situation into the general scheme which I have outlined. It will hardly be necessary to remind the reader that I have dispensed with the Œdipus situation as an explanatory concept not only in my account of the origin of repression, but also in my account of the genesis of the basic endopsychic situation and in my account of the differentiation of endopsychic structure. These accounts have been formulated exclusively in terms of the measures adopted by the child in an attempt to cope with the difficulties inherent in the ambivalent situation which develops during his infancy in his relationship with his mother as his original object. The various measures which the child adopts in his attempt to deal with this ambivalent situation have all been adopted before the Œdipus situation develops. It is in the setting of the child's relationship to his mother that the basic endopsychic situation is established, that the differentiation of endopsychic structure is accomplished and that repression is originated; and it is only after these developments have occurred that the child is called upon to meet the particular difficulties which attend the Œdipus situation. So far from furnishing an explanatory concept, therefore, the Œdipus situation is rather a phenomenon to be explained in terms of an endopsychic situation which has already developed.

The chief novelty introduced into the child's world by the Œdipus situation, as this materializes in outer reality, is that he is now confronted with two distinct parental objects instead of with only one as formerly. His relationship with his new object, viz. his father, is, of course, inevitably fraught with vicissitudes similar to those which he previously experienced in his relationship with his mother—and, in particular, the vicissitudes of need, frustration and rejection. In view of these vicissitudes, his father becomes an ambivalent object to him, whilst at the same time he himself becomes ambivalent towards his father. In his relationship with his father he is thus faced with the same problem of adjustment as that with which he was originally faced in his relationship with his mother. The original situation is reinstated, albeit this time in relation to a fresh object; and, very naturally, he seeks to meet the difficulties of the reinstated situation by means of the same series of techniques which he learned to adopt in meeting the difficulties of the original situation. He splits the figure of his father into a good and a bad object, internalizes the bad object and splits the internalized bad object into (*a*) a needed object associated with the libidinal ego and (*b*) a rejecting object associated with the internal saboteur. It should be added that the new paternal needed object would appear to be partly superimposed upon, and partly fused with the old maternal needed object, and that similarly the paternal rejecting object is partly superimposed upon, and partly fused with the maternal rejecting object.

The adjustment which the child is called upon to make in relation to his father differs, of course, in one important respect from that which he was previously called upon to make in relation to his mother. It differs in the extent to which it has to be achieved upon an emotional plane. The new adjustment must be almost exclusively emotional; for in his relationship with his father the child is necessarily precluded from the experience of feeding at the breast. We are thus introduced to a further important respect in which his adjustment to his father must differ from his previous adjustment to his mother. His father is a man, whereas his mother is a woman. It is more than doubtful, however, whether the child at first appreciates the genital difference between the two parents. It would appear rather that the difference

which he does appreciate is that his father has no breasts. His father thus first presents himself to the child as a parent without breasts ; and this is one of the chief reasons that his relationship with his father has to be established so much more on an emotional plane than his relationship with his mother. On the other hand, it is because the child does have the experience of a physical relationship with his mother's breast, while also experiencing a varying degree of frustration in this relationship, that his need for his mother persists so obstinately beneath his need for his father and all subsequent genital needs. When the child comes to appreciate, in some measure at least, the genital difference between his parents, and as, in the course of his own development, his physical need tends to flow increasingly (albeit in varying degrees) through genital channels, his need for his mother comes to include a need for her vagina. At the same time, his need for his father comes to include a need for his father's penis. The strength of these physical needs for his parents' genitals varies, however, in inverse proportion to the satisfaction of his emotional needs. Thus, the more satisfactory his emotional relations with his parents, the less urgent are his physical needs for their genitals. These latter needs are, of course, never satisfied, although substitutive satisfactions may be sought, e.g. those of sexual curiosity. Consequently, some measure of ambivalence necessarily develops in relation to his mother's vagina and his father's penis. This ambivalence is reflected, incidentally, in sadistic conceptions of the primal scene. By the time the primal scene is envisaged, however, the relationships of his parents to one another have become a matter of moment for the child ; and jealousy of each of his parents in relation to the other begins to assert itself. The chief incidence of his jealousy is, of course, partly determined by the biological sex of the child ; but it is also in no small measure determined by the state of his emotional relationships with his respective parents. Be this as it may, the child is now called upon to meet the difficulties of two ambivalent situations at the same time ; and he seeks to meet these difficulties by the familiar series of techniques. The result is that he internalizes both a bad maternal genital figure and a bad paternal genital figure and splits each of these into two figures, which are embodied respectively in the structures of the needed object and the rejecting object. It will thus be seen that, before the child is very old, these internal objects have already assumed the form of complex composite structures. They are built up partly on a basis of the superimposition of one object upon another, and partly on a basis of the fusion of objects. The extent to which the internal objects are built up respectively on a basis of layering and on a basis of fusion differs, of course, from individual to individual ; and the extent to which either layering or fusion predominates would appear to be a matter of no small importance. Thus, in conjunction with the proportioning of the various component objects, it would appear to play an important part in determining the psychosexual attitude of the individual in so far as this is not determined by biological sexual factors. Likewise, in conjunction with the proportioning of the component objects, it would appear to be the chief determining factor in the ætiology of the sexual perversions. We may thus envisage an ætiology of the perversions conceived in terms of object-relationship psychology.

It will be noticed that in the preceding account the personal pronoun employed to indicate the child has been consistently masculine. This must not be taken to imply that the account applies only to the boy. It applies equally to the girl ; and the masculine pronoun has been used only because the advantages of a personal pronoun of some kind appear to outweigh those of the impersonal pronoun, however non-committal this may be. It will also be noticed that the classic Œdipus situation has not yet emerged. The stage which was last described was one at which, whilst the relations of his parents with one another had become significant to the child, his position was essentially one of ambivalence towards both parents. We have seen, however, that the child seeks to deal with both ambivalent situations by a series of processes in consequence of which genital figures of each of his parents come to be embodied both in the structure of the needed object and in that of the rejecting object. It must be recognized, of course, that the biological sex of the child must play some part in determining his attitude to his respective parents ; but that this is very far from being the sole determining factor is obvious from the frequency of inverted and mixed Œdipus situations. Considered in terms of the views which I have outlined, these inverted and mixed Œdipus situations must necessarily be determined by the constitution of the needed object and the rejecting object. It is, therefore, only taking a further step in the same direction to conclude that the same consideration applies to the positive Œdipus situation. The fact then would appear to be that *the Œdipus situation is not really an external situation at all, but an internal situation*—one which may be transferred in varying degrees to the actual external situation. Once the Œdipus situation comes to be regarded as essentially an internal situation, it is not difficult to see that the maternal components of both the internal objects have, so to speak, a great initial advantage over the paternal components ; and this, of course, applies to children of both sexes. The strong position of the maternal components is, of course, due to the fact that the nuclei of both the internal objects are derivatives of the original ambivalent mother and her ambivalent breasts. In conformity with this fact, *a sufficiently deep analysis of the Œdipus situation*

invariably reveals that this situation is built up around the figures of an internal needed mother and an internal rejecting mother. It was, of course, on a basis of hysterical phenomena that Freud originally formulated the concept of the Œdipus situation; and according to Abraham's 'phase' theory the origin of hysteria is to be traced to a fixation in the genital (phallic) phase. I have already (1941) passed various criticisms on Abraham's 'phase' theory; and so I shall be merely passing a further criticism, if only by implication, when I say that I have yet to analyse the hysteric, male or female, who does not turn out to be an inveterate breast-seeker at heart. I venture to suggest that the deep analysis of a positive Œdipus situation may be regarded as taking place at three main levels. At the first level the picture is dominated by the Œdipus situation itself. At the next level it is dominated by ambivalence towards the heterosexual parent; and at the deepest level it is dominated by ambivalence towards the mother. Traces of all these stages may be detected in the classic drama of *Hamlet*; but there can be no doubt that, both in the rôle of needed and tempting object and in that of rejecting object, the Queen is the real villain of the piece. The position then would appear to be this. The child finds it intolerable enough to be called upon to deal with a single ambivalent object; but, when he is called upon to deal with two, he finds it still more intolerable. He, therefore, seeks to simplify a complex situation, in which he finds himself confronted with two needed objects and two rejecting objects, by converting it into one in which he will only be confronted with a single needed object and a single rejecting object; and he achieves this aim, with, of course, a varying measure of success, by concentrating upon the needed aspect of one parent and the rejecting aspect of the other. He thus, for all practical purposes, comes to equate one parental object with the needed object, and the other with the rejecting object; and by so doing *the child constitutes the Œdipus situation for himself.* Ambivalence to both parents persists, however, in the background; and at rock bottom both the needed object and the rejecting object remain what they originally were, viz. figures of his mother.

Neurotic Anxiety and Hysterical Suffering

I have spoken of the *divide et impera* technique as a means of reducing the volume of affect (both libidinal and aggressive) which demands outward expression; and at this point it would be both relevant and profitable to consider in some detail what happens when the attack of the internal saboteur upon the libidinal ego fails to subdue libidinal need sufficiently to meet the requirements of the central ego, i.e. sufficiently to reduce the volume of available libidinal affect to manageable proportions. It is impossible, however, to embark upon so large a theme on the present occasion. Suffice it to say that, when the technique in question does not succeed in reducing the volume of libidinal affect sufficiently and so fails to fulfil its primary function, it appears to assume a secondary function, in virtue of which it imposes a change of quality upon such libidinal affect as insists upon emerging and thereby disguises the quality of the original affect. Thus, when the dynamic tension within the libidinal ego rises above a certain threshold value and an excess of libidinal need threatens to assert itself, the emergent libidinal affect is converted into (neurotic) *anxiety* by the impact of the aggression which is directed against the libidinal ego by the internal saboteur. When the dynamic tensión within the libidinal ego continues to rise until it reaches a further threshold value, it becomes no longer possible for a libidinal discharge to be averted; and the attack of the internal saboteur upon the libidinal ego then has the effect of imparting a *painful* quality to the libidinal affect accompanying the inevitable discharge. Such, at any rate, would appear to be the process involved in the hysterical mode of expressing affect—a process which demands that the expression of libidinal need shall be experienced as suffering.

The Psychology of Dynamic Structure and its General Scientific Background

In the light of what has just been said regarding the genesis of (neurotic) anxiety, it will be noted that my conception of the nature of anxiety is closely in accord with Freud's original conception, viz. that anxiety is a converted form of undischarged libido. Here we find but one example of the somewhat remarkable fact that, if the general standpoint which I have now come to adopt represents a departure from some of Freud's later views, it has had the effect of revivifying some of Freud's earlier views (views which, in some cases, have latterly been in abeyance). The explanation of this general phenomenon would appear to be that, whilst at every point there is a recognizable analogy between my present views and those of Freud, the development of my views follows a path which diverges gradually from that followed by the historical development of Freud's views. This divergence of paths itself admits of only one explanation—a difference in certain basic theoretic principles. The central points of difference are not difficult to localize. They are two in number. In the first place, although Freud's whole system of thought was concerned with object-relationships, he adhered theoretically to the principle that libido is primarily pleasure-seeking, i.e. that it is directionless. By contrast, I adhere to the principle that libido is primarily object-seeking, i.e. that it has direction. For that matter, I regard aggression as having direction also, whereas, by implication at any rate, Freud regards aggression

as, like libido, theoretically directionless. In the second place, Freud regards impulse (i.e. psychical energy) as theoretically distinct from structure, whereas I do not accept this distinction as valid and adhere to the principle of dynamic structure. Of these two central points of difference between Freud's views and those which I have now come to adopt, the latter is the more fundamental; and indeed the former would appear to depend upon the latter. Thus Freud's view that libido is primarily pleasure-seeking follows directly from his divorce of energy from structure; for, once energy is divorced from structure, the only psychical change which can be envisaged as other than disturbing, i.e. as pleasant, is one which makes for the establishment of an equilibrium of forces, i.e. a directionless change. By contrast, if we conceive of energy as inseparable from structure, then the only changes which are intelligible are changes in structural relationships and in relationships between structures; and such changes are essentially directional.

No man, even the greatest and most original, can remain wholly independent of the scientific background of his day; and it cannot be claimed that even Freud provides an exception to this rule. Here we must remind ourselves of the scientific atmosphere of the nineteenth century in which Freud was nurtured. This atmosphere was dominated by the Helmholtzian conception that the physical universe consisted in a conglomeration of inert, immutable and indivisible particles to which motion was imparted by a fixed quantity of energy separate from the particles themselves. The energy in question was conceived as having been, for some unknown reason, unevenly distributed at the beginning and as subsequently undergoing a gradual process of redistribution calculated to lead eventually to an equilibrium of forces and an immobilization of the solid particles. Such being the prevailing conception of the contemporary physicist, it is not difficult to understand how it came about that, when Freud, in advance of his time, set himself the arduous task of introducing order into the hitherto confused realm of psychopathology, he should have remained sufficiently under the influence of the scientific atmosphere of his day to conceive impulse (psychical energy) as separate from structure and to cast his libido theory in an equilibrium-seeking mould. In my opinion, however, this feature constitutes a limitation imposed by outside influences upon his thought, which otherwise represented an historic advance upon prevailing conceptions in the psychological field, and which was much more in the spirit of the new scientific outlook at present emerging; for during the twentieth century the scientific conception of the physical universe has already undergone a profound change. The inert and indivisible particles or atoms, of which the physical universe was formerly thought to be composed, are now known to be structures of the greatest complexity embodying almost incredible quantities of energy—energy in the absence of which the structures themselves would be unintelligible, but which is equally difficult to explain in the absence of the structures. This intra-atomic energy has effects which not only determine intra-atomic relationships, but also influence bodies at enormous distances. The most remarkable of these effects is radiation; and it has been found necessary to call in radiation to explain certain of the phenomena of light, which defied explanation on the basis of the wave theory of the previous scientific epoch. Interestingly enough, radiation has proved to possess at least one of the properties formerly regarded as a prerogative of solid matter, viz. mass; and the occurrence of radiation affects the structure of both the emitting and the receiving atoms. Further, the universe itself is conceived as undergoing a process of change other than that involved in the establishment of an equilibrium within a closed system. Thus it would appear that the universe is expanding at a terrific speed. The major forces at work are attraction and repulsion (cf. libido and aggression); but, although attraction has the effect of producing local condensations of matter, the dominant force, at any rate during the present phase, is repulsion. So far from being in process of establishing a non-directional equilibrium, therefore, the universe is in process of expanding towards a limit at which no further expansion will be possible and everything will be so attenuated that no further mutual influences will occur and nothing more will be able to happen. The change which the universe is undergoing is thus a directional change. Such being the general scientific background of the present day, it seems to me a demand of the times, if nothing else, that our psychological ideas should be reformulated in terms of a relationship psychology conceived on a basis of dynamic structure.

The Psychology of Dynamic Structure as an Explanatory System

As an explanatory system, the psychology of dynamic structure which I envisage seems to me to have many advantages, among which by no means the least is that it provides a more satisfactory basis than does any other type of psychology for the explanation of group phenomena. However, this is a theme which, like certain others touched upon in this article, must be left for another occasion. It remains for me, in my concluding remarks, to say something regarding the advantages which appear to accrue from the particular theory of mental structure which I have advanced in place of Freud's classic theory. It is obvious, of course, that, from a topographic standpoint, Freud's theory only admits of the operation of three factors (id, ego and super-ego) in the pro-

duction of the variety of clinical states with which we are familiar. By contrast, my theory admits of the operation of five factors (central ego, libidinal ego, internal saboteur, needed object and rejecting object)—even when the super-ego as I conceive it is left out of account. My theory, accordingly, offers a greater range of ætiological possibilities. In actual practice, the difference between the two theories as regards ætiological possibilities is even greater than at first appears; for, of the three factors envisaged in Freud's theory, only two (the ego and the super-ego) are structures properly speaking—the third (viz. the id) being only a source of energy. The energy proceeding from the id is, of course, conceived by Freud as assuming two forms—libido and aggression. Consequently, Freud's theory admits of the operation of two structural and two dynamic factors in all. Freud's two dynamic factors find a place, of course, in my own theory; but, according to my theory, the number of the structural factors is not two, but five. Thus, with five structural factors and two dynamic factors to conjure with, my theory permits of a much greater range of permutations and combinations than does Freud's theory. Actually, however, the possibilities left open by Freud's theory in the abstract are still further limited by his conception of the function of the super-ego, which he regards not only as characteristically aggressive, but also as characteristically anti-libidinal. According to Freud, therefore, the endopsychic drama largely resolves itself into a conflict between the ego in a libidinal capacity and the super-ego in an anti-libidinal capacity. The original dualism inherent in Freud's earliest views regarding repression thus remains substantially unaffected by his subsequent theory of mental structure. Such a conception of the endopsychic drama is unduly limiting, not only so far as its implications for social psychology are concerned (e.g. the implication that social institutions are primarily repressive), but also so far as concerns its explanatory value within the psychopathological and characterological fields. Within these fields explanation reduces itself to an account of the attitudes adopted by the ego in a libidinal capacity *vis-à-vis* the super-ego. By contrast, my theory possesses all the features of an explanatory system enabling psychopathological and characterological phenomena of all kinds to be described in terms of the patterns assumed by a complex of relationships between a variety of structures. It also possesses the advantage of enabling psychopathological symptoms to be explained directly in terms of structural conformations, and thus of doing justice to the unquestionable fact that, so far from being independent phenomena, symptoms are but expressions of the personality as a whole.

At this juncture it becomes necessary to point out (if indeed it has not already become sufficiently obvious) that the basic endopsychic situation which I have described, and to which I have attached such importance, is by no means conceived as immutable from the economic standpoint. From the topographic standpoint, it must be regarded as relatively immutable, although I conceive it as one of the chief aims of psycho-analytical therapy to introduce some change into its topography by way of territorial adjustment. Thus I conceive it as among the most important functions of psycho-analytical therapy (*a*) to reduce the split of the original ego by restoring to the central ego a maximum of the territories ceded to the libidinal ego and the internal saboteur, and (*b*) to bring the needed object and the rejecting object so far as possible within the sphere of influence of the central ego. The extent to which such changes can be effected appears, however, to be strictly limited. In its economic aspect, by contrast, the basic endopsychic situation is capable of very extensive modification. In conformity with this fact, I conceive it as another of the chief aims of psycho-analytical therapy to reduce to a minimum (*a*) the attachment of the subsidiary egos to their respective associated objects, (*b*) the aggression of the central ego towards the subsidiary egos and their objects, and (*c*) the aggression of the internal saboteur towards the libidinal ego and its object. On the other hand, the basic endopsychic situation is undoubtedly capable of considerable modification in a psychopathological direction. As I have already indicated, the economic pattern of the basic endopsychic situation is the pattern which prevails in hysterical states. Of this I have no doubt whatsoever in my own mind. I have, however, come across cases of hysterical individuals who displayed remarkably paranoid traits (even to the point of having been previously diagnosed as paranoid), and who were found, on analysis, to oscillate between paranoid and hysterical attitudes. Such oscillations appeared to be accompanied by changes in the economic pattern of the endopsychic situation—the paranoid phases being characterized by a departure from the economic pattern of what I have called the *basic* endopsychic situation. What economic pattern the endopsychic situation assumes in the paranoid state I do not feel in a position to say; but I do venture to suggest that corresponding to every distinguishable clinical state there is a characteristic pattern of the endopsychic situation. It must be recognized, of course, that various patterns may exist side by side or be superimposed one upon the other. It must also be recognized that patterning of the endopsychic situation may either be rigid or flexible—extreme rigidity and extreme flexibility being alike unfavourable features. At the same time, it must be stressed that the *basic* (and original) endopsychic situation is that which is found in hysterical states. In conformity with this consideration, I take the view that the earliest psychopathological symptoms to

manifest themselves are hysterical in character; and I interpret the screaming fits of the infant in this sense. If I am right in this, Freud showed no mean insight in choosing hysterical phenomena as the material out of which to build the foundations of psycho-analytical theory.

In the light of considerations already advanced it will be understood, of course, that, although the basic endopsychic situation is the situation underlying hysterical states, it is itself the product of a split of the original ego and is, therefore, a schizoid phenomenon. Thus, although the earliest psychopathological *symptoms* are hysterical, the earliest psychopathological *process* is schizoid. Repression itself is a schizoid process; and splitting of the ego is a universal phenomenon, although, of course, the degree of such splitting varies in different individuals. It is not to be inferred, however, that overt schizoid states are the earliest psychopathological states to develop. On the contrary, the earliest of such states are hysterical in nature. An actual schizoid state is a much later development —one which only materializes when the schizoid process is pushed to a point at which a massive repression of affect occurs and even an hysterical expression of affect is thereby precluded. Thus it is only when a massive repression of affect occurs that the individual becomes unduly detached and experiences a pronounced sense of futility. What is involved in the development of schizoid states cannot, however, be discussed further on the present occasion.

The Dynamic Quality of Internalized Objects

The feature of Freud's theory of the mental apparatus presenting the greatest anomaly is one to which reference has not yet been made. It is this—that the only part of the psyche which he describes in terms at all approximating to those of dynamic structure is the super-ego. The id is, of course, described as a source of energy without structure; and the ego is described as a passive structure without energy except such as invades it from the id. By contrast, the super-ego is described as a structure endowed with a fund of energy. It is true that the energy in question is conceived as being ultimately derived from the id; but this in no way alters the fact that Freud attributes to the super-ego a considerable measure of independent functional activity. So much is this the case that he speaks of the super-ego and the id as diametrically opposed to one another in the aims of their activities, and of the ego as buffetted beween these two endopsychic entities. The odd thing about all this is that the super-ego is really only a naturalized alien, as it were, within the realm of the individual mind, an immigrant from outer reality. Its whole significance resides in the fact that it is essentially an internalized object. That the only part of the psyche which Freud treats as a dynamic structure should be an internalized object is, to my mind, an anomaly sufficient in itself to justify my attempt to formulate an alternative theory of psychical structure. It will be observed that, in formulating such an alternative theory, I have so far followed a line opposite to that followed by Freud in that, whereas an internalized object is the only part of the psyche which Freud treats as a dynamic structure, the internalized objects which I envisage are the only parts of the psyche which I have *not* treated as dynamic structures. I have treated the internalized objects simply as *objects* of the dynamic ego structures, i.e. as endopsychic structures which are not themselves dynamic. I have done this deliberately in order to bring into focus the activity of the ego structures which I find it necessary to postulate, and in order to avoid all risk of under-rating the primary importance of this activity; for, after all, it is only through this activity that objects ever come to be internalized. However, in the interests of consistency, I must now draw the logical conclusion of my theory of dynamic structure and acknowledge that, since internal objects are structures, they must necessarily be, in some measure at least, dynamic. In drawing this conclusion and making this acknow ledgment, I shall not only be here following the precedent of Freud, but also, it would seem, conforming to the demands of such psychological facts as are revealed, e.g. in dreams and in the phenomena of paranoia. This further step will enhance the explanatory value of my theory of mental structure by introducing additional possibilities into the endopsychic situation by way of permutation and combination. It must be recognized, however, that, in practice, it is very difficult to differentiate between the activity of internalized objects and the activity of the ego structures with which they are associated; and, with a view to avoiding any appearance of demonology, it seems wise to err, if anything, on the side of overweighting the activity of the ego structures rather than otherwise. It remains true, nevertheless, that under certain conditions internalized objects may acquire a dynamic independence which cannot be ignored.

NOTE

Erratum :—I take this, the first, opportunity to correct an unfortunate error which crept into my manuscript of 'A Revised Psychopathology of the Psychoses and Psychoneuroses', *Int. J. Psycho-Anal.*, **22** (1941), 267, and which remained uncorrected in the proof. The word 'rejection' in the fourth line of p. 267 should read 'retention'. This error is particularly unfortunate since it reverses the sense.

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BOOK REVIEWS

The Psychiatric Novels of Oliver Wendell Holmes. Abridgment, Introduction and Annotation by Clarence P. Oberndorf. (Columbia University Press, New York, 1943. Pp. viii + 268. Price, $3.00.)

Oliver Wendell Holmes is in the news at present. It is just a century ago since he published his epoch-making essay 'On the Contagiousness of Puerperal Fever'. Dr. Oberndorf writes of this: 'The demonstration of the contagious nature of puerperal fever was shared by Holmes and Semmelweis of Austria. The latter has been hailed throughout Europe for this revolutionary discovery, although he published his observations four years after Holmes. Holmes was compelled to face strong opposition to the new theory from reactionary New England colleagues but did not have to meet the bitter antagonism and suffering which Semmelweis endured in Vienna. Ostracism and persecution lent to Semmelweis "the aura of a martyr". On the other hand, in the career of the many-sided Holmes, the observations concerning puerperal fever assumed the place of an episode in a succession of significant activities. The paradoxical simple normalcy of the genius of Holmes needed no martyrdom or eccentricity for its emphasis and he affected none.'

Now Dr. Oberndorf reveals for the first time that Holmes was also in many respects a forerunner of Freud. He chose to convey his ideas on the psychology of neurosis in the form of three novels, which Dr. Oberndorf here calls the psychiatric novels, published in the years 1859, 1867 and 1885 respectively. The present volume contains a full and very interesting introduction, followed by an abridged version of the novels themselves, which are accompanied by a running commentary in the form of footnotes. Dr. Oberndorf finds in the novels unambiguous statements concerning the importance of unconscious mental activity, with the correlative idea of psychical determinism; and also broad hints of the serious importance of dream life, of the mechanism of free association in the flow of thought, of innate bi-sexuality, and of psychical censorship (here unfortunately misprinted as 'censor').

Three distinguished psychologists in Boston knew Oliver Wendell Holmes well in the latter part of his life. Dr. Oberndorf considers that two of them, William James and Morton Prince, did not benefit from his teaching, but he likes to regard the third, Dr. Putnam, as constituting a link between Holmes and Freud. The truth of this is hard to establish at this time of day. I can remember both Prince and Putnam speaking to me of Holmes in terms of high respect, and it is not unlikely that William James's study of the Hanna case and Prince's of the Sally Beauchamp one were partly inspired by Holmes's discovery of the occurrence of dual personality.

Not every reader will agree with Dr. Oberndorf in according such enthusiastic recognition to Holmes's psychological perception and genius. It is easy to amplify from later knowledge rather tenuous intuitive hints, and to attribute to the author fuller insight than he actually possessed. Two things, however, are unmistakable in the novels, and these are memorable enough. It is interesting to observe, as Zilboorg amply demonstrated in his recent book on the history of medical psychology, that progress in psychiatry is very apt to be brought about at first by purely humanitarian motives. Oliver Wendell Holmes was evidently mainly animated by such motives in his campaign against the moral condemnation of both criminals and neurotics which later psychologists are still finding hard to displace. He was convinced that the suffering and sense of guiltiness which pursue neurotics were due to causes far beyond the power of their will: to heredity, to childhood influences and to unconscious mental processes. It cannot be said that he threw much light on the actual nature of these agencies, but it was none the less a remarkable achievement to have advocated clearly and uncompromisingly an attitude towards such problems which could be the only basis for the subsequent objective study of them. The second point, perhaps even more remarkable, was Holmes's intuitive vision that the problems of neurosis are not isolated medical questions, but concern themes that are part of the problems of individual and social life in general, i.e. of so-called normality. In reference to a case of phobia, for example, he stated: 'I believe there are unexplained facts in the region of sympathies and antipathies which will repay study with a deeper insight into the mysteries of life than we have dreamed of hitherto.' Dr. Oberndorf comments on this: 'So far as I know that is the first plea by any physician for the investigation of the mystifying paradoxes of normal human conduct through the study of the neuroses.'

E. J.

The Creative Unconscious: Studies in the Psychoanalysis of Art. By Hans Sachs. (Sci-Art Publishers, Cambridge, Mass., 1942. Pp. 240. Price, $2.75.)

The three parts of Hans Sachs's book, *The*

Creative Unconscious, contain ten articles which were published separately over a period of twenty-five years. Although each article has its own value and interest, nevertheless together they form an entity ; the chief connecting link is the study of the creative activities of the unconscious.

The first chapter, ' The Community of Day-dreams ', deals with the primordial importance of day-dreams and phantasy in poetic creation, an importance which Sachs emphasizes. Day-dreams have æsthetic and emotional value only for the dreamer. It is the technique of the poet which gives to the personal day-dream a social and æsthetic significance. In studying a rare clinical form, the day-dream *à deux*, Sachs, in a penetrating and subtle analysis, shows that this type of phantasy is based on a common feeling of guilt. This is also true of works of art, which are the common day-dreams of humanity. Their social function is the expression of common guilty drives and dreams, the universality of which assuages individual guilt. Sachs presents an interesting exposition of the transforming of the day-dream into a work of art, a process in which the poet rises above the fortuitous and the accidental, the individual, to the universal, to something which is common to all mankind. Only after this transformation can the audience identify themselves with the characters and emotions depicted in the production. The work is thus given its social function. The poet achieves this result through the use of form and beauty, which, though absent from a day-dream, are essential components of a work of art. The naïve narcissism of the day-dreamer is overcome by the poet and is shifted from the creator to his creation. In certain rare types of art, which Sachs refers to as ' impersonal ' art, the personality of the author seems to have disappeared completely. In this impersonal art the artist's creativity complies with the exigency of his super-ego.

One complete chapter is devoted to a discussion of Shakespeare's *Measure for Measure*. In his very penetrating analysis of this play, Sachs uncovers the deep inter-relationship between sin or crime and human justice and wisdom.

In the subsequent articles, ' The Delay of the Machine Age ' and ' The Man Moses and the Man Freud ', the formulations about the overcoming of narcissism in creative activity are re-shaped. Earlier in the book this problem has been discussed with reference to the transformation of the day-dreamer into a poet. It is now studied in relation to technical discoveries and the work of the scientific genius, Freud. Although these two chapters deal with problems entirely independent of each other, there is one common trend, i.e. the overcoming of human narcissism for the purpose of technical as well as scientific creation. Especially in his analysis of the life of Freud, Sachs underlines the rôle played by a certain infantile phantasy. Freud's creative work was made possible by the sublimation of the instinctual drives underlying this phantasy.

In the last part of the book, Sachs is chiefly concerned with the problem of beauty. He attacks this extremely difficult problem from a psychological point of view. He studies the peculiar psychic situations in which the sensation of beauty emerges. The experience of beauty, being a universal one, must of necessity be looked at from a social standpoint. Here follows a discussion of the conditions under which beauty either unites people or isolates them. Sachs shows much perspicacity and depth in his study of animated cartoons—one of the most original creations of our modern age ; he calls our attention to certain trends which do not all exist simultaneously in any other form of art. The animism, the almost exclusive preponderance of aggressiveness, the animistic world in which there is perpetual movement, the independence of any law of nature or of the reality principle, the very slight stress put upon æsthetic factors, characterize the animated cartoon as a ' piece of the id, the general features of which have been projected on the screen ' (p. 189). Pursuing the study of the dynamic approach in art, he stresses the most important point—that the emotional reaction produced in us by a work of art does not remain in the id, but develops as an embodiment of the ego. Thus a ' new emotional reality is created ' (p. 205).

In the last chapter of the book, the ' Conclusions, Constructions and Conjectures ', man's relation to the beauty of nature is analysed. This, too, is a point of departure for Sachs in reviewing the respective rôles of the id, the ego and the super-ego, in artistic creation and in the feeling of beauty and of the erotic and destructive instincts contained therein. ' The creative activity of the mind, in reacting to beauty, in producing beauty, represents the highest form of psychic life, in which all its parts—the id, the ego and the super-ego, are co-ordinated ' (p. 239). Thus he is led to consider that ' life and death both have to be present for the creation even of the slightest, most superficial bit of beauty ' (p. 239).

It is impossible in this short abstract to do more than touch upon the most important ideas developed in this book. For everyone interested in psycho-analysis, *The Creative Unconscious* is an essential piece of reading which will inevitably result in an enriched and deepened understanding of the human mind.

Rudolph M. Loewenstein.

Frustration and Aggression. By John Dollard, Neal E. Miller, Leonard W. Doob, O. H. Mowrer and Robert R. Sears, in collaboration with Clellan S. Ford, Carl Iver Hovland and Richard T. Sollenberger. (Kegan Paul, Trench, Trubner & Co. Ltd., London, 1944. Pp. ix + 150. Price, 10*s.* 6*d.*)

This book now appears as a volume in the 'International Library of Sociology and Social Reconstruction', edited by Dr. Karl Mannheim. It was originally published in America in 1939 by the Institute of Human Relations, Yale University. In a Foreword (pp. vii, viii) the Director says that it illustrates two aspects of the work of this institute, i.e. co-operative research (true pooling, the most exacting form of collaboration) and an induction-deduction procedure of enquiry which he considers to be the 'road which all social enquiry that aspires to become truly scientific must eventually follow'. A problem is chosen, examined and delimited; a tentative hypothesis is formulated which can be used as a guide to further enquiries yielding better systematized data; these in turn confirm or modify the initial hypothesis; the hope is that a point will be reached at which mathematical methods can be employed as usefully as in physics. The general problem of method in the human sciences which is here raised is too vast for discussion in a review.

The special problem considered in this book is that of aggressive behaviour. The tentative hypothesis used is admittedly much influenced by Freud's earlier conception of aggression as reaction to frustration but *not* by his later work. The basic assumption is that '*aggression is always a consequence of frustration.* More specifically the proposition is that the occurrence of aggressive behaviour always presupposes the existence of frustration and, contrariwise, that the existence of frustration always leads to some form of aggression' (p. 1).

The psycho-analyst will find it difficult to think of frustration and aggression in purely 'behavioural' terms; he may be ready to agree that frustration (of internal or external origin) inevitably evokes aggressive impulses (unconscious or conscious), but he knows that these impulses may result only in endopsychic modifications and may not obtain motor discharge, either immediate or delayed, or displaced to a surrogate object, or modified in aim. The authors fully recognize the problem as to the disposal of reaction trends which is set by the social demand for the restraint of aggression, and that aggressive impulses may be 'inturned' as a result of inhibition. But 'inturning' does not always lead to overt action against the self (self-aggression).

Psycho-analysts will have constantly to remind themselves that, as here used, the term aggression does not refer to instinctual impulse but to motor behaviour. 'Aggression is independently defined as an act whose goal-response is injury to an organism (or organism-surrogate)' (p. 8). However, the first chapter gives very clear and simple definitions. Chapters II and III establish the 'Psychological Principles' which operate in determining the forms aggression may take. The summaries attached to these chapters are excellent. It is explicitly stated that 'the various principles presented in these chapters are tentative and cannot pretend to deal with all the factors related to aggression' (p. 20). The remaining chapters (IV to VIII) apply these principles in surveys of 'Socialization in America', 'Adolescence', 'Criminality', 'Democracy, Fascism and Communism' (probably the weakest chapter) and 'A Primitive Society: The Ashanti'. This last chapter is particularly interesting. It leaves the impression that the Ashanti are sounder psychologists in their own way than civilized man and that they solve the aggression-frustration problems created by their brand of socialization more successfully than modern industrial man has so far done.

To the present reviewer the outstanding merit of the book is to be found in its high standard of objectivity and the truly scientific modesty of its claims. The copious illustrative material (in itself of great interest) is adduced as evidence and not as proof. 'The whole intent and aim of this book may be said, in fact, to be simply the exploration, in both a logical and empirical sense, of the implications and application of a particular hypothesis which, despite its apparent plausibility and usefulness, is to be regarded as still *an hypothesis.*' (p. 2). It succeeds in placing 'within a common discourse such diverse phenomena as strikes and suicides, race prejudice and reformism, sibling jealousy and lynching, satirical humour and criminality, street fights and the reading of detective stories, wife-beating and war' (p. 19). Nevertheless, it brings out clearly enough the difficulties attending a psychological approach to sociology while remaining 'within the frame of reference of objective, behavioural science' (p. 101). For instance, the data on criminality justify the assumption that the ratio between degree of frustration and degree of punishment anticipated is an important factor in determining the expectancy of crime. To define criminality as a function of the discrepancy between these two variables only is surely a feat of over-simplification. It is true that petrol consumption varies with mileage but drivers require to know the specific mileage per gallon they may expect of their particular cars. In its actual performance, behaviour is always individual behaviour, individually determined by the specific mental organization of the agent.

The book thus renders yet more obvious the need for a 'common front' in the human sciences. Collaboration is required not only between behaviourists but between behavioural psychologists and sociologists and students of individual mental dynamics and economics.

Marjorie Brierley.

The Natural Development of the Child. By Agatha Bowley. (E. and S. Livingstone, Edinburgh, 1942. Pp. 172. Price, 8*s.* 6*d.*)

This admirable little book, comprehensive for its size, simply written, and illustrated by charming photographs, is a welcome addition to the already rather extensive literature on the subject. It sets forth briefly the main stages in the child's social and psychological development, together with the besetting difficulties of each stage, and is packed with practical wisdom for application to childhood's problems. The section on enuresis, p. 130, provides a possible exception to this unqualified recommendation.

Miss Bowley has gleaned the best she can find from the research of other authorities and added much from her own experience. The book is short and easily read and should be invaluable to parents, teachers and all those interested in child psychology or in social relationships and problems, for the latter are here seen to be inevitably based on the psychological development of the child.

Helen Sheehan-Dare.

Mental Health in College. By Clements C. Fry and Edna G. Rostow. (The Commonwealth Fund, New York, 1942. Pp. 365. Price, $2.00.)

This book is a summary of a carefully organized mental hygiene plan, applying specifically to Yale University as the research laboratory, so to speak, but its usefulness extends to all similarly constituted groups. Throughout the book the reader is impressed with the diligence, insight and impartial judgement that stamp the whole project. It is a pleasure to see what methods of study were laid down and how they were developed and applied. If the book had no other value, it would still be very much worth while.

Of equal merit, however, is the mental hygiene study of 1,257 students as patients. The many points of view from which the students were examined is a measure of the comprehensiveness of the undertaking. The reviewer is not without experience relating to the mental health of college students and can attest to the recommendations made in this book.

The Commonwealth Fund was as helpful to this work as were the many professional associates.

Leland E. Hinsie.

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[*Appearance in this list does not preclude subsequent notice.*]

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Behavior and Neurosis. By Jules H. Masserman. (Chicago: The University of Chicago Press, 1943. Pp. xv + 269. Price, $3.00.)

Psycho-Analysis and Crime. By S. H. Foulkes. (Toronto: Canadian Bar Association, 1944. Pp. 43.)

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The Psychoanalytic Review (New York).

BULLETIN OF THE INTERNATIONAL PYSCHO-ANALYTICAL ASSOCIATION

EDITED BY

ANNA FREUD, GENERAL SECRETARY

Owing to unavoidable difficulties it has proved impossible to prepare the material for the current issue of the Bulletin. It is hoped to publish it (including the revised Membership List) in the next number of the *Journal.*